

Client Intake Form

Applicant

First MI Last Name

Current Address:

Street

City State Zip Code

County Length of Occupancy

Rent Own Other

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

SS#: _____

Preferred Contact _____

Ethnicity (please check)

Hispanic Non-Hispanic

Race (please check)

Single Race

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Multi-Race

- American Indian/Alaskan Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaskan Native and Black or African American
- Other Multiple Race

Co-Applicant

First MI Last Name

Current Address:

Street

City State Zip Code

County Length of Occupancy

Rent Own Other

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

SS#: _____

Preferred Contact _____

Ethnicity (please check)

Hispanic Non-Hispanic

Race (please check)

Single Race

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Multi-Race

- American Indian/Alaskan Native and White
- Asian and White
- Black or African American and White
- American Indian or Alaskan Native and Black or African American
- Other Multiple Race

Applicant

Gender of Applicant

Male Female

Marital Status

Single Married
 Divorced Separated Widowed

Other (check all that apply)

Female Head of Household (per IRS)
 Single Head of Household (per IRS)
 First Time Homebuyer
 Owned Home in Last 3 Years
 Disabled US Veteran
 Senior (Age 62 or older)

in Household _____ # of Dependents _____

Gross Income (before taxes)

Monthly _____
Annual _____

Other Income (source) _____

Monthly _____
Annual _____

Highest Education No HS Diploma or GED

HS Diploma GED Vocational Cert.
 Some College Associates
 Bachelors Masters Doctorate

Current Rent or Mortgage Payment _____

Total Assets (checking, savings, 401k, other) _____

Debts/Liabilities (monthly payments)

Car Payment: _____
Credit Cards: _____
Loans: _____
Other Debts (furniture, personal, etc.) : _____

How did you hear about us?: _____

Lender (if known): _____

Realtor (if known): _____

 **Signature (applicant)** _____

 **Signature (co-applicant)** _____

 **Date** _____

Co-Applicant

Gender of Applicant

Male Female

Marital Status

Single Married
 Divorced Separated Widowed

Other (check all that apply)

Female Head of Household (per IRS)
 Single Head of Household (per IRS)
 First Time Homebuyer
 Owned Home in Last 3 Years
 Disabled US Veteran
 Senior (Age 62 or older)

in Household _____ # of Dependents _____

Gross Income (before taxes)

Monthly _____
Annual _____

Other Income (source) _____

Monthly _____
Annual _____

Highest Education No HS Diploma or GED

HS Diploma GED Vocational Cert.
 Some College Associates
 Bachelors Masters Doctorate

For Office Use Only:

- HUD Referral Source _____
- Preferred Language _____
- Colonias Resident?
- Section 8 Voucher?
- Farm Worker?
- Other HUD Assistance _____
- HECM Certificate
- Predatory Lending
- Housing Discrimination
- US Citizen

Financial and Housing Counseling—Housing Redevelopment—Workforce Development

Client Name	
Incomes	
Type	Budget
Base Salary	<input style="width: 100%; height: 20px;" type="text"/>
Other	<input style="width: 100%; height: 20px;" type="text"/>
Totals	
Expenses	
Type	Actual
Housing/Mortgage or Rent	<input style="width: 100%; height: 20px;" type="text"/>
Housing/Utilities	<input style="width: 100%; height: 20px;" type="text"/>
Telephone	<input style="width: 100%; height: 20px;" type="text"/>
Food	<input style="width: 100%; height: 20px;" type="text"/>
Car Payment	<input style="width: 100%; height: 20px;" type="text"/>
Gas and Oil	<input style="width: 100%; height: 20px;" type="text"/>
Car Insurance	<input style="width: 100%; height: 20px;" type="text"/>
Medical Expenses	<input style="width: 100%; height: 20px;" type="text"/>
Personal care	<input style="width: 100%; height: 20px;" type="text"/>
Entertainment	<input style="width: 100%; height: 20px;" type="text"/>
Debts	<input style="width: 100%; height: 20px;" type="text"/>
Donations/Charities	<input style="width: 100%; height: 20px;" type="text"/>
Pets	<input style="width: 100%; height: 20px;" type="text"/>
Savings	<input style="width: 100%; height: 20px;" type="text"/>
Other	<input style="width: 100%; height: 20px;" type="text"/>
Totals	

Disclosure Form for Financial and Housing Counseling Clients

I, _____ agree to participate in Dominion Financial Management, Inc.'s housing counseling and education program to help me improve my housing situation and/or become a homeowner. Dominion Financial Management, Inc. offers housing and financial counseling, housing redevelopment and workforce development services.

I understand that:

- I am under no obligation to purchase a home from Dominion Financial Management, Inc.
- I understand that Dominion Financial Management, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Dominion Financial Management, Inc. in no way obligates me to choose any of these particular loan products or housing programs.
- The housing counselor and I will discuss my credit history, financial situation, employment, and family. I further understand that it may be necessary for the counselor to discuss this information with representatives of other firms or agencies to assist me in meeting my housing and homeownership goals.
- I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me whether by Dominion Financial Management, Inc. or by another agency or agencies.
- My personal information will be treated confidentially and will not be divulged to any party that is not directly concerned and specifically authorized by me.

Client: _____

Client: _____

Date: _____

Date: _____

Privacy Policy

Dominion Financial Management, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your nonpublic personal information, such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you:

- Information we receive from you orally, on application or other form, such as your name, address, social security number, assets, and income;
- Information about your transaction with us, your creditors, or other, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 615-220-5858 and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

I acknowledge that I have received a copy of this policy by my signature below.

Client Signature/Date

Client Signature/Date

660 Fitzhugh Blvd. | (615) 220-5858 Phone
Suite 100 | (615) 220-8828 Fax
PO Box 1512 | info@dominionfinancial.org
Smyrna, TN 37167 | www.dominionfinancial.org