

**Client Intake Form**

**Applicant**

\_\_\_\_\_  
 First MI Last Name

**Current Address:**

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 County

Rent  Own  Other

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

**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

Rent  Own  Other

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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- 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** \_\_\_\_\_

**Other Debts (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)**

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Monthly \_\_\_\_\_  
Annual \_\_\_\_\_

**Other Income (source)** \_\_\_\_\_

Monthly \_\_\_\_\_  
Annual \_\_\_\_\_

**Highest Education**  No HS Diploma or GED

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 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

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: \_\_\_\_\_

**CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM**

I hereby authorize and instruct Dominion Financial Management, Inc. (hereinafter “DFM, Inc.”) to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by DFM, Inc. I understand and agree that DFM, Inc. intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to DFM, Inc. in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report. In addition, in connection with determining my ability to obtain a loan, I

authorize  
 do not authorize

DFM, Inc. to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying DFM, Inc. in writing.

\_\_\_\_\_  
Client’s Name (Print)

\_\_\_\_\_  
Client’s Name (Print)

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
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.