



Delray Beach Community Land Trust

Please fill out intake form completely and print clearly

REFERRAL SOURCE (HOW DID YOU HEAR ABOUT OUR SERVICES)

Lender Builder Realtor Newspaper Friend Website Other

REFERRED BY:**INTAKE DATE:****Total Household Size****MARITAL STATUS:**

MARRIED SINGLE DIVORCE SEPARATED

APPLICANT

Last Name

First

Middle/Maiden

Date of Birth

Social Security No.

Address No./ Street

City

State

Zip Code

Residence Telephone

Gender:

Male Female

Are you a U.S. Citizen:

Yes No

E-mail:

Mobile Number

Are you a resident alien:

Yes No

EMPLOYMENT (PRIMARY) Weekly Semi monthly Biweekly Monthly

Date Started: From _____ To _____

Total each pay period _____

x

Take Home Pay
(Monthly)
_____Gross Pay (Monthly)

Employment Name: _____

Address: _____

Position/Years: _____

Telephone: _____

Ext: _____

OTHER INCOME (SECONDARY) Weekly Semimonthly Biweekly Monthly

Total each pay period _____

x

Take Home Pay
(Monthly)
_____Gross Pay (Monthly)

Do you receive any of the following in additional income

Alimony YES NO Child Support YES NO SSI YES NO Disability YES NO Other sources of income YES NO

HAVE YOU EVER FILED FOR BANKRUPTCY? (Please circle one) YES NO

RACE (Please Check One) White, not of Hispanic Origin Hispanic American Indian/Alaskan Native Black, not of Hispanic Origin Asian/Pacific Other: _____

CO-APPLICANT

Last Name	First	Middle/Maiden	Date of Birth	Social Security No.
Address/Street No.	City	State	Zip Code	Residence Telephone

Gender: Male Female	Are you a U.S. Citizen: Yes No	E-mail:	Mobile Number
	Are you a resident alien: Yes No		

EMPLOYMENT (PRIMARY) <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly Date Started: From _____ To _____ Total each pay period _____ _____ x _____	Take Home Pay (Monthly) _____ Gross Pay (Monthly) _____	Employment Name: _____ Address: _____ Position/Years: _____ Telephone: _____ Ext: _____
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OTHER INCOME (SECONDARY) <input type="checkbox"/> Weekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly Total each pay period _____ _____ x _____	Take Home Pay (Monthly) _____ Gross Pay (Monthly) _____	Do you receive any of the following in additional income <table> <tr> <td>Alimony</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Child Support</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>SSI</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Disability</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Other sources of income</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> </table>	Alimony	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Child Support	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SSI	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Disability	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other sources of income	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Other sources of income	YES <input type="checkbox"/>	NO <input type="checkbox"/>															

HAVE YOU EVER FILED FOR BANKRUPTCY? (Please circle one) YES NO

RACE (Please Check One)

<input type="checkbox"/> White, not of Hispanic Origin	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black, not of Hispanic Origin	<input type="checkbox"/> Asian/Pacific	<input type="checkbox"/> Other: _____

NAME OF DEPENDENTS (18 YRS OLD OR OLDER)

Name	Date of Birth	Relationship to Applicant	Social Security Number

LIVING EXPENSES			
Rent:_____	Electricity:_____	Gas:_____	Telephone:_____
Cable:_____	Water:_____	Child Care:_____	Other:_____

DEBT INFORMATION (PLEASE INCLUDE DEBT INFORMATION FOR APPLICANT & CO-APPLICANT)			
	CREDITORS	CURRENT BALANCE	MONTHLY PAYMENT
1.			
2.			
3.			
4.			
5.			
6.			
TOTALS			

LIQUID FUNDS/SAVINGS/INVESTMENT (PLEASE INCLUDE INFORMATION FOR ALL ACCOUNTS)		
	APPLICANT	CO-APPLICANT
CHECKING ACCOUNT		
SAVINGS ACCOUNT		
CASH		
CD's		
SECURITIES (Stocks, Bond, etc)		
RETIREMENT/OTHER (401K, 403B, etc.)		

I authorize the Delray Beach Community Land Trust Inc. to:

- (a) Contact client via telephone numbers and email addresses provided on the intake form.
- (b) Provide and request information to lenders, government agencies, attorneys, counselors, and employers as necessary to facilitate my home purchase transaction.

By signing below I/we understand that the \$50.00 application fee is nonrefundable. My/our signature also acknowledges that the submittal of an application is not a guarantee of approval.

All information provided is subject to Florida's public records law. It is a first degree misdemeanor to falsify information for the purpose of obtaining assistance. Your signature indicates consent to the disclosure of information for the purpose of verifying income and assets for determining income eligibility for program assistance.

Signature (applicant): _____ Date: _____

Signature (co-applicant): _____ Date: _____