



MERCY HOUSING & HUMAN DEVELOPMENT INTAKE FORM

DATE: _____

EMAIL: _____

NAME: (please print) _____

SPOUSE/PARTNER: (if applicable) _____

ADDRESS:	Street: _____	City, State _____	ZIP Code: _____
How long at current address? _____	If less than 2 years, previous address: _____ _____	Do you live in <input type="checkbox"/> Rural Area <input type="checkbox"/> Urban Area	Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with friend/family Amt paid per month \$ _____

PHONE:	Home/Cell: _____	Work: _____
<i>We will not contact your employer</i>		

Ethnicity: White African-American Hispanic Asian Other _____

Household English Proficiency Status: Limited Not Limited

Marital Status Single Married Divorced Widowed Separated

Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth: ____/____/____ Age: _____	Social Security Number: (required for credit counseling) ____-____-____	Number of people in your household: _____
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Spouse/Partner : Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth: (Spouse/Partner) ____/____/____ Age: _____	Social Security Number: (Spouse/Partner) (required for credit counseling) ____-____-____	
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List below people who live with you.

Name	Age	Relationship		Name	Age	Relationship	

Highest Grade Completed: _____

Do you receive a "Section 8" Voucher? Yes No

Are there individuals with disabilities in your household? Yes No

Do you receive Food Stamps? No _____ Yes _____ Amount _____

Place of Employment: _____ Occupation: _____

Length of Employment: _____ Years _____ Months \$ _____ Monthly Salary/Wage

(Spouse/co-Borrower) POE: _____ Occupation: _____

Length of Employment: _____ Years _____ Months \$ _____ Monthly Salary/Wage

Household Gross Annual Income: \$ _____ Monthly Net Income \$ _____

MHHD INTAKE

Are you currently working with (or plan to work with) a specific bank or lender?

Yes ____ **No** ____ **Do you have a Realtor?** **Yes** ____ **No** ____

If YES, please specify:

Please answer the following questions: *(These are questions you will be asked when you apply for a mortgage loan)*

Are there any outstanding judgments against you? _____

Have you declared bankruptcy or had property foreclosed on in the past 7 years? _____

Are you currently party to a lawsuit? _____

Are you presently delinquent/in default on any Federal debt or any other loan, mortgage, financial obligation, student loan, bond, or loan guarantee? _____

Do you have a Checking Account? Y N **Savings Account?** Y N

Emergency Fund? Y N

How much have you currently saved towards a down payment? \$_____

Your Bank/Financial Institution(s)

FOR MHHD USE ONLY:

Received HomeBuyer Education Certificate Yes No
Facilitator(s) _____

Date: _____

Certificate No.: _____

▶▶ Mercy Housing & Human Development, Inc., has my permission to use mine and my family's photograph in reports sent to grantors.

I certify that the facts stated above are true and correct to the best of my knowledge.

(Signature)

(Date)



MHHD MONEY MANAGEMENT

MONTHLY INCOME	GROSS	NET
FULL-TIME		
PART-TIME		
ALIMONY		
CHILD SUPPORT		
RENT RECEIVED		
SSI		
RETIREMENT		
UNEMPLOYMENT		
SELF-EMPLOYMENT		
OTHER		
TOTAL INCOME	\$	\$
FIXED EXPENSES:		
*RENT/MORTGAGE		
*AUTO LOAN		
*MIN CREDIT CARD PAYMENTS		
*STUDENT LOANS		
*OTHER LOANS		
TOTAL		\$
UTILITIES:		
HEATING		
ELECTRIC		
WATER/SEWER		
TRASH		
CABLE/SATELLITE		
CELL PHONE		
INTERNET		
ALARM SERVICE		
TOTAL		\$

*DTI: $\frac{\text{Fixed Expenses}}{\text{Income}}$	%
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DISCRETIONARY EXPENSES

	MONTHLY	WEEKLY
GROCERIES		
SAVINGS/RETIREMENT		
ALIMONY/CHILD SUPT		
DINING OUT		
LUNCHES		
ENTERTAINMENT		
CAR INSURANCE		
VEHICLE TAGS		
CAR MAINTENANCE		
DENTIST/ORTHO		
HEALTH/PRESCRIPTIONS/COPAY		
SCHOOL/SPORTS		
PAPER PRODUCTS		
GIFTS/HOLIDAYS		
CHURCH/CHARITY		
PERSONAL CARE		
PET CARE		
CLOTHING/SHOES		
LAUNDRY/DRYCLEANING		
COFFEE/CONVENIENCE STORE DRINKS/SNACKS		
GYM		
GAMBLING		
HOBBIES		
RETAIL THERAPY		
TOBACCO		
BEER/WINE/LIQUOR		
SUBSCRIPTIONS		
OTHER		
OTHER		
TOTAL MONTHLY	\$	\$

NEEDS: _____% (Goal 50%)	Housing/Utilities/Auto Payment/Groceries
SAVINGS/DEBT: _____% (Goal 20%)	Savings Retirement/Credit Cards/Loans
WANTS: _____% (Goal 30%)	Dining out/Cell Phone/Internet/Entertainment/Hobbies/Etc
Divide total of colored tabs by Total Income	
	<i>Z:CreditCounseling/Moneymgmt</i>



Mercy Housing & Human Development, Inc.

**1135 Ford Street
Gulfport, MS 39507**

mhhd.org

**Phone 228-896-1945
Fax 228-896-1347**

INFORMATION RELEASE FORM

I hereby authorize **Mercy Housing & Human Development, Inc.**, its agents, officers, and employees to obtain my personal credit report from any credit bureaus as well as any and all of the information, verbal or written that will assist in improving my credit and/or assist me in obtaining a mortgage. Including but not limited to:

- Current and previous employment
- Current and previous loans and any others types of extended credit
- Current and previous residences *(Including rent/lease payments, dates, payment history, utility payments, etc.)*
- Banks, savings and loans, credit unions, mutual funds and other accounts Earnest money or other similar amounts paid or to be paid
- Amounts that are gifts that have been received or will be received
- Consumer and credit reports
- Share and discuss my credit report with Consumer Credit Counseling Service and any bank, which may offer me a mortgage loan

The undersigned applicant(s) authorize and consent to sharing of information regarding this program *before and after* these transactions. Any information will be sent directly to Mercy Housing & Human Development, Inc. at the above address/fax number or verbally, via telephone, or secured email. I (we) also authorize Mercy Housing & Human Development to obtain any future credit reports or inquiries (verbal or written) as Mercy Housing deems necessary in order to maintain or review current case information to assist with a constructive outcome for me.

A copy of this authorization form shall be deemed to be the equivalent of the original and may be used as such.

Client Name: _____ SS# _____ - _____ - _____

Date of Birth: ____/____/____

Address: _____

Years at present address: _____

If under 2 years, Previous Address:

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

This authorization/release agreement may be terminated at any time by a written/signed statement by the client.



HOUSING COUNSELING DISCLOSURE FORM

I/We _____, understand that I/we have the right to choose my/our house, lender, mortgage product, and real estate professional.

However, I/we understand that the Housing Counseling Agency, **Mercy Housing & Human Development, Inc.** may provide information on specific mortgage products and housing professionals for informational purposes to help me/us make a more informed home purchase decision. I/we understand that there is no obligation to use the programs or firms listed. It is totally my decision to choose companies with which to do business.

The organization, Mercy Housing & Human Development, and its staff counselors do not have any legal responsibilities.

I/We have read and understand the above Housing Counseling Disclosure.

Client: _____ **Date:** _____

Client: _____ **Date:** _____

Housing Counselor _____ **Date:** _____

CLIENT/COUNSELOR AGREEMENT

HOLD HARMLESS AGREEMENT

I give Mercy Housing & Human Development permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that Mercy Housing & Human Development is a no-profit organization, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against Mercy Housing & Human Development and its employees.

Client

Date



MHHD RELEASE FROM INDEMNITY

FOR AND IN CONSIDERATION OF ANY COUNSELING, advice, work performed or otherwise, we, the undersigned, individually, do hereby remise, release, discharge and forever acquit **Mercy Housing & Human Development, Inc.** and each and all of its agents, servants, insurers, employees, family members or relatives, representatives, affiliate or subsidiary corporations, successors, assigns, attorneys, and any and all other persons, firms and/or corporations or entities who may in any manner be liable therefore, including without limitation, the Mississippi Home Corporation (hereinafter referred to as "Counselor"), and each of them being the parties released and indemnified from any and all actions, claims, demands and causes of action, for any and all types, kinds or character of damages which any of us may now or hereafter have, on account of any credit, home ownership and home buying counseling or advice.

IT IS FURTHER REPRESENTED, COVENANTED AND WARRANTED that the undersigned will indemnify and hold harmless Counselor and any other persons, firms or corporations in privity with them or any of them, against any claims of any kind or nature made by any person or entity or corporation, including without limitation, any claims by the Internal Revenue Service and the Mississippi State Tax Commission regarding the aforementioned counseling, advice, work performed or otherwise.

Date _____/_____/_____

Print Name

Signature

Address

City, State, Zip

Area Code & Phone #

Print Name

Signature

Address

City, State, Zip

Area Code & Phone #