



Community Link HEC Referral Form

How did you hear about Community Link? _____ Date: _____

I. PERSONAL INFORMATION

Customer First Name: _____
Address: _____
Number of People in Household: _____
Do you currently Rent or Own? _____

Last Name: _____
City: _____ State: _____ Zip: _____
1 st Time Homebuyer? <input type="checkbox"/> Yes <input type="checkbox"/> No
1 st Generation Homebuyer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Social Security #: _____	Date of Birth: _____	Age: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
--------------------------	----------------------	------------	---

Contact Numbers: Daytime# _____ Cell# _____ Work# _____ Email Address: _____ Alternative # _____
--

Race: <input type="checkbox"/> Bi-racial <input type="checkbox"/> Black/African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Island/Asian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Hispanic

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried Couple
--

Citizenship: American Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Explain "other" citizenship: _____
--

Lender Info:	Name: _____ Telephone # _____ Address: _____ _____ _____ _____
*Estimated Closing Date:	_____

Secondary Customer: Name: _____
Social Security #: _____
Address: _____
City: _____ State: _____ Zip: _____
Home # _____ Work # _____
Email Address: _____
Race: _____ Marital Status: _____

Realtor: _____ Telephone # _____ Fax # _____
--

II. EDUCATION AND OCCUPATIONAL SKILLS

Highest Level of Education: 1-4 5-6 7-8 9 10 11 12 High School Diploma
 G.E.D 1 Yr College 2 Yr College 3 Yr College 4 Yr College College Grad
 Grad School in Progress Grad School Complete

Income Information: (Please circle one and complete)

Customer: Monthly/Annually \$ _____ **Secondary Customer:** Monthly/Annually _____
 Other Income: (Stocks, Alimony, Court Child Support, Social Security, Rental, Dividends, etc.) \$ _____
 Funds Available for Down Payment: Cash \$ _____ Gift \$ _____ Stocks/Bonds \$ _____ Equity \$ _____

HUD Reporting:

Secondary Customer: Age _____ Date of Birth _____
 Years of School (please circle): HS Graduate/ Some College/ AA/ BA or BS/ Graduate

Family Composition: (Persons other than the Customer and Secondary Customer)

Name: First, Middle, Last	DOB	Age	Relationship	Gender	Race	Hispanic Y/N

- Have you ever received any other services from Community Link? _____Yes _____No
 - If so, when _____

Disclosure

I understand that participation in the Community Link Homeownership Program is for Education and Counseling purposes, and does not guarantee loan approval eligibility for housing or housing assistance.

I recognize the need for the education and counseling services and pledge full cooperation with the counselor. I will provide the counselor any and all information that is required relating to the pre-qualification for a mortgage loan or other housing-related goal. I recognize that it may become necessary to obtain information from outside sources, such as credit reports, employment, residential verifications and other financial information. I, therefore, authorize Community Link to obtain additional information from outside sources when necessary to fulfill the obligations of this agreement.

As a participant in the Community Link Homeownership Education and Counseling Program, you are free to choose any Licensed Real Estate Agent and Lender (i.e. Bank, Credit Union or Savings and Loan) to assist you in the purchase of your home.

By signing this document below you are acknowledging that this disclosure form was reviewed with a Housing Counselor or Program Director and you are fully aware of your rights and responsibilities. It further indicates that you have read, understand and agree to the above statements.

Customer's Signature

Date

Secondary Customer's Signature

Date

Homeownership Counselor

Date