



# 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**

<b>Last Name</b>	<b>First</b>	<b>Middle/Maiden</b>	<b>Date of Birth</b>	<b>Social Security No.</b>
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<b>Address No./ Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Residence Telephone</b>
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<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Are you a U.S. Citizen:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>E-mail:</b>	<b>Mobile Number</b>
	<b>Are you a resident alien:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

**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**

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

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

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