

CLIENT # \_\_\_\_\_



**NORTH WEST HOUSING PARTNERSHIP  
HOMEBUYER EDUCATION WORKSHOP REGISTRATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Illinois Zip: \_\_\_\_\_

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

Email address: (please print) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**DEMOGRAPHICS**

**Race:**

- American Indian /Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Multi-Race: \_\_\_\_\_

**Ethnicity:**

- Hispanic
- Not Hispanic

**Gender:**

- Male
- Female

**Marital Status:**

- Single
- Married
- Divorced
- Widow/Widower
- Other (explain) \_\_\_\_\_

**Age:**

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 55
- 56 - 61
- 62 +

Elderly Head of Household  Female Head of Household  Disabled Head of Household

Household Size \_\_\_\_\_ = Adults \_\_\_\_\_ Children \_\_\_\_\_

Where do you work (city/village)? \_\_\_\_\_

Total estimated household income before taxes. This includes salary, child support and other income: \$ \_\_\_\_\_

Social Security Disability, SSI, or Disability Benefits: \$ \_\_\_\_\_

Are you a First Time Homebuyer?  Yes  No

<b>OFFICE USE ONLY:</b>		<b>MEDIAN INCOME LEVELS</b>	
< 50% <input type="checkbox"/>	50-79% <input type="checkbox"/>	80-100% <input type="checkbox"/>	> 100% <input type="checkbox"/> Chose not to respond <input type="checkbox"/>



## Worksheet: Monthly Expenses

<u>Housing</u>		<u>Education</u>	
Rent or mortgage	\$ _____	Tuition	\$ _____
Heating (gas or oil)	\$ _____	Books, papers and supplies	\$ _____
Electricity	\$ _____	Newspapers and magazines	\$ _____
Water or sewage	\$ _____	Lessons (sports, dance, music)	\$ _____
Telephones (landlines and cell phones)	\$ _____	<u>Gifts</u>	
Renters or homeowners insurance (if not included in mortgage)	\$ _____	Birthdays	\$ _____
Trash service	\$ _____	Major holidays	\$ _____
Home maintenance and furnishings	\$ _____	<u>Personal</u>	
Cleaning supplies	\$ _____	Barber or beauty shop	\$ _____
Lawn service	\$ _____	Toiletries	\$ _____
<u>Transportation</u>		Children's allowances	\$ _____
Gas	\$ _____	Tobacco products	\$ _____
Car payment	\$ _____	Beer, wine or liquor	\$ _____
Car insurance	\$ _____	<u>Entertainment</u>	
Car inspection	\$ _____	Movies, sporting events, concerts, etc.	\$ _____
Car repairs and maintenance	\$ _____	Video rentals	\$ _____
License plates and registration fees	\$ _____	Internet service	\$ _____
Public transportation or taxi	\$ _____	Cable/satellite TV	\$ _____
Parking and tolls	\$ _____	Restaurants and take-out meals	\$ _____
<u>Food</u>		Gambling and lottery tickets	\$ _____
Groceries	\$ _____	Fitness or social clubs	\$ _____
School lunches	\$ _____	Vacations/trips	\$ _____
Work-related (lunches and snacks)	\$ _____	Hobbies or crafts	\$ _____
<u>Insurance</u>		<u>Miscellaneous</u>	
Health	\$ _____	Checking account and money order fees	_____ \$
(medical and dental, if not payroll-deducted)		Pet care and supplies	\$ _____
Life	\$ _____	Postage	\$ _____
Disability	\$ _____	Pictures and photo processing	\$ _____
<u>Medical</u>		"Mad" money	\$ _____
Doctor	\$ _____	<u>Debts</u>	
Dentist	\$ _____	Student loan	\$ _____
Prescriptions	\$ _____	Credit card (monthly minimum)	\$ _____
<u>Childcare</u>		Credit card (monthly minimum)	\$ _____
Childcare or babysitters	\$ _____	Credit card (monthly minimum)	\$ _____
Child support or alimony	\$ _____	Medical bills	\$ _____
<u>Clothing</u>		Personal loan	\$ _____
Clothing	\$ _____	<u>Other</u>	
Laundry and dry cleaning	\$ _____	Other	\$ _____
<u>Donations</u>		Other	\$ _____
Religious or charity	\$ _____	Other	\$ _____
Total Regular Monthly Expenses	_____ \$		

## Worksheet: Prequalifying

### Your Gross Monthly Income

Your weekly pay \$ \_\_\_\_\_ × 52 ÷ 12 \$ \_\_\_\_\_  
(before deductions)

or

Your twice-a-month pay \$ \_\_\_\_\_ × 2 \$ \_\_\_\_\_  
(before deductions)

Your spouse's weekly pay \$ \_\_\_\_\_ × 52 ÷ 12 \$ \_\_\_\_\_  
(before deductions)

or

Your spouse's twice-a-month pay \$ \_\_\_\_\_ × 2 \$ \_\_\_\_\_  
(before deductions)

Your Monthly Gross Pay \$ \_\_\_\_\_  
(Your pay + your spouse's pay)

Other gross monthly income \$ \_\_\_\_\_

Total Gross Monthly Income \$ \_\_\_\_\_  
(Monthly Gross Pay + Other Gross Monthly Income)

### Ratios and Debt

Total Gross Monthly Income × \_\_\_\_\_ % (housing ratio) \$ \_\_\_\_\_ (2)

Total Gross Monthly Income × \_\_\_\_\_ % (debt-to-income ratio) \$ \_\_\_\_\_ (3)

Total Monthly Debt Payment \$ \_\_\_\_\_ (4)  
(any installment debts with 10+ months remaining)

Subtract Line (4) from Line (3) \$ \_\_\_\_\_ (5)

### Maximum Mortgage Loan Payment Allowed

Enter whichever is less, Line (2) or Line (5) \$ \_\_\_\_\_ (6)

Multiply Line (6) by 20%\* \$ \_\_\_\_\_ (7)  
(estimated taxes and insurance)

Subtract Line (7) from Line (6) \$ \_\_\_\_\_ (8)  
(maximum principal and interest payment allowed)

Divide Line (8) by factor from sample factor table \$ \_\_\_\_\_ (9)

### Maximum Mortgage Loan Amount

Multiply Line (9) by \$1,000 \$ \_\_\_\_\_

\*% may be greater if mortgage insurance and/or homeowner's association dues are required.



## *Worksheet: Monthly Discretionary Income*

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Figure Your Discretionary Income

Total monthly income \$ \_\_\_\_\_

Minus total regular monthly expenses \$ \_\_\_\_\_

Discretionary income \$ \_\_\_\_\_  
*(Balance available to spend or save)*

Client Name: \_\_\_\_\_

Name of Creditor	Monthly payment	Balance on this account	Credit Limit	Interest rate	How long have you had this account?
1. Buyer					
2. Co/Buyer					
TOTALS					

# CLIENT ACTION PLAN

Name: \_\_\_\_\_ File # \_\_\_\_\_ Date: \_\_\_\_\_

## FINANCIAL CONCERNS:

- |  |   |
|--|---|
| <input type="checkbox"/> Budgeting or Money Management | <input type="checkbox"/> Prepurchase Counseling |
| <input type="checkbox"/> Credit Review                 | <input type="checkbox"/> Debt Repayment         |
| <input type="checkbox"/> Mortgage Delinquency          | <input type="checkbox"/> Other _____            |

## BUDGET ASSESSMENT SUMMARY:

Total Gross Monthly Income	\$ _____
Monthly Mortgage/Rent	\$ _____
Net Monthly Income	\$ _____
Total Monthly Living Expense	\$ _____
Monthly Debt Obligations	\$ _____
Discretionary Income Left Over	\$ _____

## INCOME SOURCE SUMMARY:

- |  |  |
|--|--|
| <input type="checkbox"/> Full Time Employment      | <input type="checkbox"/> Spouse Employment   |
| <input type="checkbox"/> Part Time Employment      | <input type="checkbox"/> Housing Options     |
| <input type="checkbox"/> Sell/Refinance Automobile | <input type="checkbox"/> Assets              |
| <input type="checkbox"/> Tax Refund                | <input type="checkbox"/> Savings/Investments |
| <input type="checkbox"/> Gift Letter               | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Recycling                 |  |

## ACTION STEPS:

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## ACTION TAKEN:

- Assessed Problem & Solutions       Budget Developed       Client To Handle

## RECOMMENDATIONS:

- |   |   |
|---|---|
| <input type="checkbox"/> Advised to Handle Finances | <input type="checkbox"/> Homebuyers Club                |
| <input type="checkbox"/> Debt Management Counseling | <input type="checkbox"/> Housing Assistance             |
| <input type="checkbox"/> Referred for Legal Advice  | <input type="checkbox"/> Referred to Outside Resource   |
| <input type="checkbox"/> Other _____                | <input type="checkbox"/> Ready to Make Loan Application |
| <input type="checkbox"/> Other _____                |   |

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNSELOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





## COUNSELING ACTIVITY LOG

Client Name: \_\_\_\_\_

Phone Number: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Overall Goals: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Objective: \_\_\_\_\_

Time Frame: \_\_\_\_\_

Strategies: \_\_\_\_\_  
\_\_\_\_\_

Client's Task: \_\_\_\_\_

Counselor's Task: \_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_

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Date: \_\_\_\_\_

Objective: \_\_\_\_\_

Time Frame: \_\_\_\_\_

Strategies: \_\_\_\_\_  
\_\_\_\_\_

Client's Task: \_\_\_\_\_

Counselor's Task: \_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_