

DATE: _____ TIME: _____ AM/PM AREA INTERESTED IN: ANTHONY
LAS CRUCES
OTHER: _____

METHOD OF CONTACT
WALK-IN TELEPHONE MAIL OTHER _____

NAME _____ CO-APPLICANT NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

MAILING ADDRESS

PHONE NUMBER (____) _____ CELL PHONE (____) _____

WORK (____) _____

DO YOU OWN YOUR OWN HOME? YES NO DO YOU RENT? YES NO LIVING WITH FAMILY

HOUSEHOLD SIZE: ADULTS _____; # OF DEPENDANTS _____;
AGES _____, _____, _____, _____, _____, _____, _____, _____

PRIMARY APPLICANT GENDER: MALE / FEMALE

CO-APPLICANT GENDER: MALE / FEMALE

SSN# _____

SSN# _____

BIRTHDATE: _____ AGE: _____

BIRTHDATE: _____ AGE: _____

OCCUPATION: _____

OCCUPATION: _____

MONTHLY INCOME: _____

MONTHLY INCOME: _____

OPTIONAL QUESTIONS:

RACE: HISPANIC BLACK ASIAN WHITE OTHER: _____

EDUCATION: BELOW HIGH SCHOOL HIGH SCHOOL/GED SOME COLLEGE BUT NO DEGREE
COLLEGE WITH DEGREE OTHER: _____

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

ARE YOU DISABLED? YES NO

(Applicant)
SIGNATURE _____ DATE _____

(Co-Applicant)
SIGNATURE _____ DATE _____

OFFICE USE ONLY

HOMEBUYER COUNSELING TYPE: ONE TO ONE PREPURCHASE POSTPURCHASE PREDATORY

FORECLOSURE PREVENTION

REHAB

DATE COUNSELING COMPLETED:

DATE ACTION PLAN:

ISSUED _____ COMPLETED: _____

DATE HBE CERTIFICATE RECEIVED: _____ ON

FILE: _____

DATE & REASON FILE CLOSED

N-STEP #: _____

MSA % _____