



Intake Information Form

****PLEASE COMPLETE FORM IN ITS ENTIRETY****

(SCDC Use Only)

File #:
Date:
Program:

Your name	
Street address	
City	State
Zip	County
Phone	
E-mail	
Social Security #	Race
Age	Date of Birth
Current employer	
Phone #	
Job Title	
Rate of pay	Hours worked per week
Monthly gross income	
Monthly net income	
Additional monthly income	
Spouse/Co-Borrower	
Social Security #	Race
Age	Date of Birth
Current employer	
Phone #	Extension
Job title	
Rate of pay	Hours worked per week
Monthly gross income	
Monthly net income	
Additional monthly income	
(Circle one) Single Married Separated Divorced Widowed	
How many dependents?	Ages?
How long have you live at this address?	
Are you?	Renting Buying Own Other
Mortgage company or landlord:	
If buying is your loan? FHA Conventional VA FMHA	
Loan #	Interest rate:
Estimated Home Value:	
Estimated Mortgage Balance:	
Do you have a second mortgage or Equity Line? Yes No	
Second Mortgage Company:	
Second Loan #	Interest rate:
Estimated Mortgage Balance:	

Have you ever filed Bankruptcy?	When?	
Do you have judgments?		
Who?	When?	
Have you ever had a loan modification?		
How did you hear about the service?		
Make & year of your car		
Who financed the vehicle		
Vehicle's current value		
Balance of the loan		
Make & year of your car		
Who financed the vehicle		
Vehicle's current value		
Balance of the loan		
Make & year of the boat, RV, etc.		
Who financed the vehicle		
Vehicle's current value		
Balance of the loan		
Are you or your spouse a Veteran?	Yes	No
Name of Veteran?		
Do you have cash value life insurance?		
Do you own any other type of investment?		

Salisbury Community Development Corporation will honor your right to privacy. All information contained in this set of forms will be held in strict confidence.

If there is any information you feel uncomfortable in providing, contact our agency. We seek only to understand your situation and to serve you better.

List Your Monthly Expenses