

Northwest Home Equity Assurance Program

3234 N. Central Ave. Ofc. 2 Chicago, IL 60634

www.nwheap.com

(773) 622-0700



Delinquent Tax Client Intake Application

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information, please talk to your office coordinator about arranging alternative accommodations.

How did you hear about Northwest Home Equity Assurance Program?

- Member of our staff
 Print/radio ad
 Religious or social organization
 Friend/family
 City of Chicago
 Bank or mortgage servicer
 Internet search
 Other (specify) _____

PART ONE: YOUR BIOGRAPHIC AND DEMOGRAPHIC INFORMATION

Name 1:

Last Name First Name Middle Initial

Date: / /**Address:**

Address and Apartment No City & State Zip

Home Phone: () - _____**Cell Phone:** () - _____**Email Address:**

Work Email Personal Email

Preferred Contact Method:

Cell Phone Work Phone Home Phone Email

Best time to be reached: _____**Property Pin #**

- -

Date of Birth: / /**Race:** American Indian/Alaskan Native Asian African-American

Native Hawaiian/Pacific Islander White Biracial or Multiracial

Other (Specify) _____ Decline to Answer

Ethnicity: Hispanic Non-Hispanic**Are you a Veteran?** Yes No**Are you Disabled?** Yes No**Marital Status:** Single Married Divorced Separated Widow**Name 2:**

Last Name First Name Middle Initial

Date: / /**Address:**

Address and Apartment No City & State Zip

Home Phone: () - _____**Cell Phone:** () - _____**Email Address:**

Work Email Personal Email

Relationship to Co-Applicant:

Spouse Significant Other Relative (specify): _____ Other: _____

Preferred Contact Method:

Cell Phone Work Phone Home Phone Email

Best time to be reached: _____**Date of Birth:** / /**Race:** American Indian/Alaskan Native Asian African-American

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Ethnicity: Hispanic Non-Hispanic**Are you a Veteran?** Yes No**Are you Disabled?** Yes No**Marital Status:** Single Married Divorced Separated Widow



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My household type is....

- | | | | |
|-----------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Single Adult | <input type="checkbox"/> Married | <input type="checkbox"/> Cohabiting | <input type="checkbox"/> Single female-headed household with dependents |
| <input type="checkbox"/> Single male-headed household with dependents | <input type="checkbox"/> Roommates/ unrelated adults | <input type="checkbox"/> Living with non-spousal family members (parents, siblings, etc) | <input type="checkbox"/> Other: (specify) _____ |
- Family household size: _____ Languages Spoken (specify): _____ / _____ / _____

PART TWO: YOUR EMPLOYMENT STATUS

Name 1's Employment Status

- | | | |
|---------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Seasonally |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, receiving no benefits | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify): _____ |

Name 1
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____

Previous
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____

Name 2's Employment Status

- | | | |
|---------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Seasonally |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, receiving no benefits | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify): _____ |

Name 2
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____

Previous
Employer: _____
Address: _____
Address City & State Zip

Dates _____ to _____
of Employment: _____
Work Phone: () - _____



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Questions related to your credit history:

1. Are there any outstanding judgments against you? Yes No
2. Have you declared bankruptcy within the past seven years? Yes No I am currently in a bankruptcy plan.
3. Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? Yes No

PART THREE: YOUR INCOME, DEBT AND AVERAGE MONTHLY EXPENSES

Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

Income Type	Name 1		Name 2	
	Monthly Income		Monthly Income	
	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
1. Salary/wage earnings	\$	\$	\$	\$
2. Rental Income	\$	\$	\$	\$
3. Child support/Alimony	\$	\$	\$	\$
4. Social Security	\$	\$	\$	\$
5. Pension Income	\$	\$	\$	\$
6. Dependent SSI income	\$	\$	\$	\$
7. Disability income	\$	\$	\$	\$
8. Unemployment Income	\$	\$	\$	\$
9. Public assistance income	\$	\$	\$	\$
10. Other:	\$	\$	\$	\$
11. Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$
Total COMBINED Gross:	\$			
Total COMBINED Net:	\$			



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Average Monthly Debts	Name 1	Name 2
1. Rent	\$	\$
2. Mortgage (Principal and Interest)	\$	\$
3. Property Taxes, HOA, Insurance	\$	\$
4. Car Payment(s)	\$	\$
5. Car Insurance	\$	\$
6. Credit Cards (Total)	\$	\$
7. Childcare/daycare	\$	\$
8. Alimony/Child Support	\$	\$
9. School Tuition	\$	\$
10. Medical Debt:	\$	\$
11. Gas/Transportation	\$	\$
12. Household Utilities (Water, Electric, Gas, Trash, Landline, Cable)	\$	\$
13. Cell Phone(s)	\$	\$
14. Food (groceries + eating out)	\$	\$
15. Student Loan Debt	\$	\$
16. Tithing	\$	\$
17. Other:	\$	\$
Total:	\$	\$
Total COMBINED costs:	\$	\$

Now, refer to your COMBINED net income on the previous page. Subtract your COMBINED costs as added on the right. This represents your monthly cash flow. Complete the calculation below.

Taking my combined monthly net income of
\$_____

and subtracting my combined monthly costs of \$_____

equals \$_____.

I/we have POSITIVE or NEGATIVE cash flow.

Total Value, Liquid Assets:		Total Value, Hard Assets:	
1. Stocks/Bonds/CDs:	\$	1. Owner Occupied Property Value:	\$
2. Savings Account:	\$	2. Investment Property value:	\$
3. Checking Accounts:	\$	3. Other:	\$
4. Other:	\$	4. Other:	\$
Total Value:	\$	Total value:	\$

Name 1 Signature: _____ Date: _____

Name 2 Signature: _____ Date: _____