



Home Purchase Intake Form

Name: _____

Mailing Address: _____

Email Address: _____

Daytime Contact Number: _____

What is best time to contact between the hours of 8am and 5pm? _____

How did you hear about Renaissance? _____

1. Do you know your credit score?
 - a. Yes _____
If so, what is your score? _____
What source do you use to track your score? _____
 - b. No _____

2. Have you been employed for the past two years with no break in employment?
 - a. Yes _____
 - b. No _____

3. What is your gross income (total income before taxes & deductions)? Please fill in at least one option below and indicate the dollar amount:
 - a. Annually \$ _____
 - b. Monthly \$ _____
 - c. Bi-weekly \$ _____
 - d. Hourly rate \$ _____ How many hours a week do you work? _____
 - e. Other \$ _____

4. What are your total monthly payments as reported on your credit report? (examples: auto loan, credit card loans, child support, student loan payments)
 - a. Total monthly \$ _____
 - b. Don't know _____

5. Do you have any money saved (include checking, savings, retirement, other investment accounts)?
 - a. Yes \$ _____ (indicate estimated amount saved)
 - b. No _____

Please return by fax to 228-896-3326 or by email to thedreamfund@rclfms.com