



## 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 \$ \_\_\_\_\_

e. Other \$ \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

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](mailto:thedreamfund@rclfms.com)