



RADA CONSUMER COUNSELING CENTER

4030 Wake Forest Road, Suite 205 Raleigh, NC 27609

CLIENT INTAKE INFORMATION

This form allows us to collect information from our clients in order for us to serve you best and for confidential and professional reporting purposes. We appreciate your completion of this form as well as the attached counseling service statement. Should you have any questions, please do not hesitate to ask.

How did you hear about this Agency _____

Please identify the service in which you are most interested: Budget and Credit Counseling
 Debt Management
 Homeownership Counseling

Are you a former client? Yes No If Yes, when were you last seen at this Agency? _____

Was bankruptcy a consideration prior to making contact with this Agency? Yes No

Are you presently Renting Buying Living with Family Owner of your home

Today's Date _____

Name _____

Address _____

City/State/Zip _____

County _____ Home Phone _____

How Long at Current Address? _____

 Previous Address, if less than 2 years _____

SS# _____ Race _____ Sex _____ Date of Birth _____

Place of Birth _____ Marital Status Single Married Widowed Co-habitant

Spouse or Other Adult in Household:

Name _____ Date of Birth _____ Race _____

Place of Birth _____ Sex _____ SS# _____

Others Living in Household:

Name	Relationship	Date of Birth	Sex	Race

CONTINUE ON NEXT PAGE

(CONTINUED)

EMPLOYMENT

Current Employer _____

Address _____

Phone _____ Position _____

Start Date _____ Hrs. Per Week _____ Monthly Income _____

Other Source of Income _____ How Much per Month _____

Spouse

Current Employer _____

Address _____

Phone _____ Position _____

Start Date _____ Hrs. Per Week _____ Monthly Income _____

Other Source of Income _____ How Much per Month _____

You will be given written material regarding confidentiality and general information about the agency. We will be glad to answer questions you may have about our service and comments and suggestions are welcome at any time. You acknowledge that all the information above is accurate to the best of your knowledge.

Signed _____ Date _____

Email Address: _____

Signed _____ Date _____

Email Address: _____

Loan Prospector® Outreach
Mortgage Loan Assessment Client Consent and Agreement

I, each of the persons signing below, agree that my request for a mortgage loan assessment ("Request for Assessment"), including all personal information furnished to my mortgage counselor and one or more credit reports obtained in connection with my request ("Request Information"), may be received and reviewed by an automated underwriting service and one or more mortgage lenders ("Lenders") which I may designate for my mortgage counselor to send my Request Information. I also consent that my mortgage counselor may request and obtain one or more credit reports, as necessary, in connection with my Request for Assessment and that each Lender that I designate may receive and review the results of my Request for Assessment.

Client's Name

Signature

Date

Client's Name

Signature

Date