



SOUTHEAST NEIGHBORHOOD DEVELOPMENT

**Bryan Conn**

1030 Orange Street

Indianapolis, IN 46203

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<b>Office Use</b>		
Received: _____	Contacted: _____	Background: <input type="checkbox"/>
Status: _____		
Referred to INHP <input type="checkbox"/>	Officer: _____	
Property(s): _____		

## Intake Application

### Borrower

<b>Name:</b> _____		<b>Birthdate:</b> _____	
<b>Social Security #</b> _____	<b>Home Phone #</b> _____	<input type="checkbox"/> Married	<input type="checkbox"/> Single
<b>Present Address:</b> Street: _____ How Long: _____ City: _____ State: _____ Zip: _____ Name of Landlord: _____ Phone #: _____		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
		\$ _____ (Amount)	
<b>Previous Address (if less than 2 years at present Address)</b>		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
		\$ _____ (Amount)	
<b>Employer's Name and Address (include city, state, and zip code)</b>		<b>Work Phone #</b>	
I have been working there for _____ years/month (circle one)			
<b>Previous Employer's Name and Address (if less than 2 years at present Employer)</b>		<b>Work Phone #</b>	
I worked there from _____ to _____			
<b>Check all that apply:</b> <input type="checkbox"/> Monthly Salary <input type="checkbox"/> Social Security <input type="checkbox"/> Other Income (child support, social security, disability)			
Total Monthly Household Income: \$ _____			

### Co-Borrower

<b>Name:</b> _____		<b>Birthdate:</b> _____	
<b>Social Security #</b> _____	<b>Home Phone #</b> _____	<input type="checkbox"/> Married	<input type="checkbox"/> Single
<b>Present Address:</b> Street: _____ How Long: _____ City: _____ State: _____ Zip: _____ Name of Landlord: _____ Phone #: _____		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
		\$ _____ (Amount)	
<b>Previous Address (if less than 2 years at present address):</b>		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
		\$ _____ (Amount)	
<b>Employer's Name and Address (include city, state, and zip code):</b>		<b>Work Phone #</b>	
I have been working there for _____ years/month (circle one)			
<b>Previous Employer's Name and Address (if less than 2 years at Present Employer)</b>		<b>Work Phone #</b>	
I have been working there for _____ years/month (circle one)			
<b>Check all that apply:</b> <input type="checkbox"/> Monthly Salary <input type="checkbox"/> Social Security <input type="checkbox"/> Other Income (child support, social security, disability)			
Total Monthly Household Income: \$ _____			

PLEASE LIST ALL MEMBERS OF YOUR HOUSEHOLD **BEGINNING WITH YOURSELF.**

Name	Social Security #	Relationship	Birthdate mo/day/yr
		Self	

***A Few More General Questions***

**SEND uses the following questions to better serve its clients; responses may not necessarily preclude you from participating in SEND programs.**

- |  |         |        |
|--|---------|--------|
| 1. Are there any unpaid collections or judgments against you?      | ( ) Yes | ( ) No |
| 2. Have you declared bankruptcy within the past 7 years?           | ( ) Yes | ( ) No |
| 3. Have you ever had property foreclosed on in the past 7 years?   | ( ) Yes | ( ) No |
| 4. Have you ever been evicted?                                     | ( ) Yes | ( ) No |
| 5. Are you obligated to pay child support?                         | ( ) Yes | ( ) No |
| 6. Have you co-signed for a loan for anyone?                       | ( ) Yes | ( ) No |
| 7. Do you intend to occupy the property as your primary residence? | ( ) Yes | ( ) No |
| 8. Do you currently own other property?                            | ( ) Yes | ( ) No |
| 9. Have you ever been convicted of a felony (or plead no contest)? | ( ) Yes | ( ) No |
| 10. Have you owned other property within the past 3 years?         | ( ) Yes | ( ) No |

Initials  
 (    /    ) I/We hereby authorize SEND to obtain any and all necessary information from any and all sources including but not limited to: credit reporting agencies, creditors, landlords, employers, and financial institutions.

I hereby affirm that the statements and information contained herein are true and correct to the best of my knowledge. Further, I understand that penalty may result if the information proves to be incorrect, inaccurate, or misleading, including, but not limited to: disqualification from SEND programs and any other civil and criminal remedies that may be available.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant's Signature**

\_\_\_\_\_  
**Date**

**How did you hear about SEND?** \_\_\_\_\_

\_\_\_\_\_