					FOR INTERNAL USE ONLY								
Neighbo HomeOwners	SHIP CE		T UA.	b Bullock Loop, Laredo, Tx. 78043 956-712-9100 956-712-9102 wlaredo.org	CONFIRMED Yes No Phone: E-mail: Other: Client#: Entered by: Case#: Date:								
			<u> </u>	NTAKE FORM									
Interested in applying for:													
Rental Asst.	Mo	rtgage A	sst.	Utilities AsstProp	erty Tax AsstHOA Fees Asst.								
Application Informa	ition												
First Name:				Last Name:									
Middle Name:				Name Suffix: JR. SR.	III IV Other:								
Street Address:													
Zip Code:				City:									
State:				Preferred Phone Number:									
Gender: Fe	male I	Male		Do you live in a rural area? Yes No									
Email:													
DEMOGRAPHICS													
Race:	Black or	African Am	ierican	White	American Indian/Alaskan Native								
	Asian			Native Hawaiian/Pacific Islander	Other/ Multiple Race								
Is Hispanic?	Yes	No	Other:										
Number in Household:													
Preferred Language:													
Disabled?	Yes	No											
Education:													
Marital Status:													

Marital Status: Yes No Active Military: Yes No First time Homebuyer? Yes No Are you a Veteran? Age: Date of Birth: **FINANCIAL INFORMATION**

Household Annual Income:

County:

Current Residence: Own Rent Other

CO-APPLICANT INFORMATION

First Name					Last Name:					
Middle Nar	ne:				Name Suffix:	JR.	SR.	Ш	IV	
Street Addı	ess:									
Zip Code:					City:					
State:					Preferred Phone Number:					
Relationsh	p to client:									
Gender:		Female	Male							
Race:	Black or Af	frican Ame	erican	White		American Indian/Alaskan Native				
	Asian			Native Haw	aiian/Pacific Islander		Other/Mul	tiple Race:		
Hisp	oanic? Yes	No	Other:							
Email:										

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

How did you hear about us?: