



**Pocatello Neighborhood Housing Services, Inc.
HIP Loan Counseling Intake Form**

Borrower Information

Name: _____

Property Address: _____ Years Owned: _____

Phone Number: _____ # in Household: _____

Income

Borrower's Income: _____

Co-Borrower's Income: _____

Other Household Income: _____

Debts

First Mortgage

Lender Name: _____ Balance (PITI): _____

Second Mortgage

Lender Name: _____ Balance (PITI): _____

Loans/Credit Cards & Monthly Payments

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Credit Information

Do you have any outstanding Judgments? **Yes / No**

Are you obligated to pay Alimony or Child Support? **Yes / No**

Are you a co-signer on any loans? **Yes / No**

Have you ever declared Bankruptcy? **Yes / No**

Have you had any credit problems? **Yes / No**

If yes, please describe: _____

HOMEOWNER PROBLEM CHECKLIST

Please give DETAILED account of problem(s)

1. **Water drainage/mold problem** **Yes / No**

Kitchen / Bath / Laundry / Other

Problem: _____

2. **Leaks** **Yes / No**

Interior / Exterior / Foundation / Ceiling / Roof / Doors / Windows / Plumbing / Other

Problem: _____

3. **Roof** **Yes / No**

Excessive layers of shingles / Shingles curled or worn away / Install all new shingles / Other

Problem: _____

4. **Windows** **Yes / No**

Can't open / Air comes in / Need replaced / Need paint / Other

Problem: _____

5. **Doors** **Yes / No**

Damaged / Air comes in / Need replaced / Need paint / Other

Problem: _____

6. **Electrical** **Yes / No**

Fuses blow / Cords melt / No grounded outlets - bath or kitchen /

Lights dim when appliances are turned on / Other

Problem: _____

7. **Floors** **Yes / No**

Which room: _____ Vinyl / Carpet / Linoleum / Laminate / Other

Problem: _____

8. **Furnace** **Yes / No**
Electric / Gas Needs serviced / Needs replaced
Problem: _____

9. **Smoke Detectors** **Yes / No**
Which room: _____ Needs a smoke detector / Fix smoke detector / Other
Problem: _____

10. **Garage** **Yes / No**
Needs paint / Demo / Roof / Other
Problem: _____

11. **Exterior** **Yes / No**
Needs paint / Needs siding / Junk in yard / Other
Problem: _____

Date: _____

OWNER: _____

ADDRESS: _____

YEAR HOME BUILT: _____

PNHS' mission is to revitalize neighborhoods. If, during the inspection, we note any exterior deficiencies, these will have to be included in the Scope of Work in order to obtain consideration for other improvements.



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