



INTAKE FORM - TELL US ABOUT YOURSELF

FIRST NAME: _____ **MI:** _____ **LAST NAME:** _____

NAME SUFFIX: _____ **STREET ADDRESS:** _____ **ZIP CODE:** _____

CITY/STATE: _____ **HOME PHONE:** _____ **CELL:** _____

PREFERRED LANGUAGE: _____ **EMAIL:** _____

TOTAL CO-OPS (INCLUDING SPOUSE): _____

REFERRAL SOURCES:

☐ Agency ☐ Lender ☐ Mailer ☐ Realtor ☐ Walk-In ☐ Word of Mouth

1ST GENERATION HOME BUYER: ☐ Yes ☐ No

SSN: _____ **BORROWER MONTHLY INCOME:** _____

RACE:

- ☐ American Indian/Alaskan Native
- ☐ American Indian or Alaskan Native and Black or African American
- ☐ American Indian or Alaskan Native and White
- ☐ Asian
- ☐ Asian and White
- ☐ Black or African American
- ☐ Black or African American and White
- ☐ Choose Not to Respond
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other Multiple Race
- ☐ White

HISPANIC: ☐ Choose not to respond ☐ Hispanic ☐ Not Hispanic

ETHNICITY: ☐ Mexican ☐ Native American ☐ Puerto Rican

** Please print and mail in or save and send via email*



RURAL STATUS (HOUSEHOLD):

☐ Choose not to respond ☐ Does not live in a rural area ☐ Lives in rural area

FOREIGN BORN: ☐ Yes ☐ No

GENDER: ☐ Male ☐ Female ☐ Other/Non-Conforming

HOUSEHOLD TYPE:

☐ Female-headed single parent household ☐ Male-headed single parent household
☐ Married with dependents ☐ Married without dependents
☐ Single Adult ☐ Two or more unrelated adults
☐ Other

ENGLISH PROFICIENCY:

☐ Choose not to respond ☐ Is English proficient ☐ Is not English proficient

AGE: _____ **BIRTH DATE (MM/DD/YYYY):** _____ **DISABLED:** ☐ Yes ☐ No

NUMBER IN HOUSEHOLD: _____

ARE YOU RELATED TO ANYONE WHO IS EMPLOYED

WITH THE CHOCTAW HOUSING AUTHORITY: ☐ Yes ☐ No

DISABLED DEPENDENT: ☐ Yes ☐ No **IF SO WHO?** _____

EDUCATION:

☐ College ☐ Junior College
☐ Graduate School ☐ Junior High School
☐ High School/GED ☐ None
☐ Other ☐ Primary
☐ Unknown ☐ Vocational

MARITAL STATUS:

☐ Choose not to respond ☐ Divorced
☐ Married ☐ Married with dependents
☐ Married without dependents ☐ Separated
☐ Single ☐ Unknown
☐ Unrelated Adults ☐ Widowed

ACTIVE MILITARY: ☐ Yes ☐ No ☐ Not Available **VETERAN:** ☐ Yes ☐ No ☐ Not Available

FIRST TIME HOME BUYER: ☐ Yes ☐ No ☐ Not Available **HOUSEHOLD INCOME:** _____

COUNTY: _____ **CURRENT RESIDENCE:** ☐ Homeless ☐ Own ☐ Rent

PLEASE PRINT AND MAIL OR SAVE AND SEND VIA EMAIL

Service Coordination
PO Box G Hugo, OK 74743
servicecoordination@choctawnation.com



CO-APPLICANT INTAKE FORM

FIRST NAME: _____ **MI:** _____ **LAST NAME:** _____

NAME SUFFIX: _____ **STREET ADDRESS:** _____ **ZIP CODE:** _____

CITY/STATE: _____ **HOME PHONE:** _____ **CELL:** _____

MONTHLY INCOME: _____ **SSN:** _____

DISABLED: ☐ Yes ☐ No **EMAIL:** _____

RELATIONSHIP TO CLIENT:

- ☐ Father ☐ Mother ☐ Sister ☐ Brother
☐ Husband ☐ Wife ☐ Friend ☐ Employer ☐ Other Relative

PREFERRED LANGUAGE: _____

RACE:

- ☐ American Indian/Alaskan Native
☐ American Indian or Alaskan Native and Black or African American
☐ American Indian or Alaskan Native and White
☐ Asian
☐ Asian and White
☐ Black or African American
☐ Black or African American and White
☐ Choose Not to Respond
☐ Native Hawaiian or Other Pacific Islander
☐ Other Multiple Race
☐ White

HISPANIC: ☐ Choose not to respond ☐ Hispanic ☐ Not Hispanic

GENDER: ☐ Male ☐ Female ☐ Other/Non-Conforming

DOB: _____ **VETERAN:** ☐ Yes ☐ No ☐ Not Available

FOREIGN BORN: ☐ Yes ☐ No

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