



Triage Form for Home Purchase Counseling

Date: ___/___/___

Call in ___ Walk in ___ Language: English/Spanish Referred by: _____

Name: _____ Senior(62+): Yes ___ No ___

Address: _____

Phone: _____ Email: _____

Please check off or circle the applicable answer

- 1- What kind of property would you like to buy: Coop ___ Condo ___ 1Family ___ 2Family
- 2- What stage of the process are in?
A) Just starting/Beginning the process B) Cleaning up credit or debt
C) Preapproval with a lender D) In-contract
- 3- Are currently employed for the last 2 years or 24 months? Yes ___ No ___
- 4- What is your Total Gross Income? _\$ _____
- 5- How many people are in your household? _____
- 6- How much do you have to buy your home? _\$ _____ (Combined Savings, Checking, 401k, Roth accounts or investments)
- 7- Have you reviewed your credit in the last 6 months? Yes ___ No _____.
 - a. What was the credit score? _____
 - b. What is the total combined minimum monthly payment of the credit debt? _\$ _____

Additional information for the counselor:
