

Pre-purchase Questionnaire

Homeownership Readiness Drop-in Clinic 2/8/2018

Please fill out this form and bring it to the clinic. Thank you.

Name: _____

If your answer is other than "Yes" or "No", you may write an explanation on the back.

Homeownership readiness questions:

1. Have you had a consistent income over the last 2 years? YES_____ NO_____
2. Do you have plans to stay in your current job and city? YES_____ NO_____
3. Do you feel ready to do home maintenance and repairs (or pay somebody else to do them)? YES_____ NO_____
4. Are you willing to make budget adjustments? YES_____ NO_____

Budgeting questions:

5. What is your household size? _____
6. What is your household gross annual income? _____
7. Do you have a good bill and debt payment history? YES_____ NO_____
8. Do you have money left over at the end of the month? YES_____ NO_____
9. Do you save regularly? YES_____ NO_____
10. Do you have savings for a down payment and home repairs/maintenance, and if so, how much? _____
11. What are your household monthly expenses in these areas:
 - a. Rent _____
 - b. Utilities _____
 - c. Car payment _____
 - d. Credit card payment(s) _____
 - e. Other debts you pay monthly: please specify the type of debt and amount _____

Credit questions:

12. What is your credit score? How recent is it? _____
13. Do you have a car loan? YES_____ NO_____
14. Do you have revolving accounts (e.g. credit cards), what type(s), and how many? _____
15. Have you had a bankruptcy in the past 10 years? YES_____ NO_____
16. Do you have derogatory information on your credit report? YES_____ NO_____