



The First Community Land Trust of Chicago  
West Humboldt Park Development Council  
3620 W. Chicago, 60639, (773) 342-0036  
**OFFICIAL INTAKE FORM**

**Client Interest/Need :**

*Please complete to determine your interest and size of unit which accommodates your family size*

# of Household members to live in CLT home \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Are you currently on the Housing Choice Voucher Program? Yes \_\_\_\_\_ No \_\_\_\_\_

**Personal Information:**

*In order to process your form, please print legibly in ink.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Number or P.O. Box - Street - Apt. No. City - State - Zip Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Cell# \_\_\_\_\_  
Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Are you employed? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal

How long have you been with this employer: \_\_\_\_\_ yrs \_\_\_\_\_ months

Yearly Income: \_\_\_\_\_

Other income source: \_\_\_\_\_ \$ \_\_\_\_\_

Co-head of Household \_\_\_\_\_

Address: \_\_\_\_\_ Yearly Income\$ \_\_\_\_\_

I hereby authorize and instruct Spanish Coalition for Housing (hereinafter SCH) and/or First Community Land Trust of Chicago (hereinafter FCLTC) to obtain and review my credit report by signing this form and giving you my information. My credit report will be obtained from a credit reporting agency chosen by SCH or FCLTC. I understand and agree that SCH and/or FCLTC intends to use the credit report for the purposes of evaluating my financial readiness to purchase a home. I understand that there is a \$25.00 non-refundable fee to cover the cost of the credit check.

I understand that there is a \$5.00 (for applicants living within target area) and \$25.00 (for applicants living outside target area) fee which must be tendered with this application. This fee is refundable if application is denied.

Signature: \_\_\_\_\_ SS#\* \_\_\_\_\_ Date: \_\_\_\_\_

Co-Signature: \_\_\_\_\_ SS#\* \_\_\_\_\_ Date \_\_\_\_\_

\* (SS# REQUIRED TO PROVIDE TIMELY & COMPREHENSIVE COUNSELING)

**Please return form to Counseling Agency to begin Home Buyer Education and Counseling process:**



The First Community Land Trust of Chicago  
3620 W. Chicago Avenue  
Chicago, IL 60651  
PH: 773-342-0036  
Fax: 773-342-0578