



Housing Counseling Intake Form

Please respond to the following questions so we may assess the possibility of reaching your housing goal. Please fill in the blanks and mark the appropriate answers. Should you need assistance, your Housing Counselor will help you.

Participant Information:

Name: _____ Date of Birth: ____/____/____
 Address: _____ Social Security Number: _____ - ____ - _____
 City, State, Zip: _____ Referred by: _____
 Home Phone: _____ Email: _____

Highest Level of Education (circle one):

GED HS AS/AA BS/BA MA/MS Other: _____

Please Circle the Correct Answers:

Gender: Male Female Other: _____

Ethnicity: Hispanic Not Hispanic

Race (please circle all that apply):

- African American
- American Indian/Alaskan Native
- Asian
- Caucasian
- Native Hawaiian or Pacific Islander

Marital Status: Married Single

Disabled: Yes No

Veteran: Yes No

No. of Children in Household: _____

Income Information:

Current Employer: _____ Phone Number: _____

Gross Income (before taxes) \$ _____ per (bi-monthly/month/hour, etc.) _____

Title: _____ Start Date: ____/____/____

Other Income (Child Support, Unemployment, Social Security, etc.):

Participant's Personal Information

- There are currently _____ people residing in my home.

Co-Participant's Personal Information (if applicable)

Name: _____ Date of Birth: ____/____/_____
Address: _____ Social Security Number: ____ - ____ - ____
City, State, Zip: _____ Referred by: _____
Home Phone: _____ Email: _____

Highest Level of Education (circle one):

GED HS AS/AA BS/BA MA/MS Other: _____

Please Circle the Correct Answers:

Gender: Male Female Other: _____

Ethnicity: Hispanic Not Hispanic

Race (please circle all that apply):

- African American
- American Indian/Alaskan Native
- Asian
- Caucasian
- Native Hawaiian or Pacific Islander

Marital Status: Married Single

Disabled: Yes No

Veteran: Yes No

No. of Children in Household: _____

Income Information:

Current Employer: _____ Phone Number: _____

Gross Income (before taxes) \$ _____ per (bi-monthly/month/hour, etc.) _____

Title: _____ Start Date: ____/____/____

Other Income (Child Support, Unemployment, Social Security, etc.):

Please List the Average Monthly Expenses of Your Household:

Rent/Mortgage Payment: \$ _____
Personal Loans: \$ _____
Credit Card Payments: \$ _____
Electric Bill: \$ _____
Cable Bill: \$ _____
Car Insurance: \$ _____
Child Support Payments: \$ _____
Groceries: \$ _____
Auto – Gasoline/Oil Change: \$ _____
Entertainment: \$ _____
Other _____: \$ _____
Other _____: \$ _____

Car Payment: \$ _____
Student Loans: \$ _____
Medical Bills: \$ _____
Gas Bill: \$ _____
Water/Sewage Bill: \$ _____
Cell Phone Bill: \$ _____
Alimony Payments: \$ _____
Eating Out: \$ _____
Personal Care: \$ _____
Child Care/Daycare: \$ _____
Other _____: \$ _____
Other _____: \$ _____

Total Monthly Expenses (add all expenses above):

Other Assets:

Emergency Funds Saved: \$ _____
Funds Saved for Down Payment & Closing Costs: \$ _____
Other Assets (401k, 403b, etc.): \$ _____

This information will help your housing counselor create a sustainable household budget with you during your first appointment

Current Housing Information:

Circle One of the Following:

Renter Homeowner Living with Family/Friends Other _____

Are you a First Time Homebuyer:

Yes No

Did your parents own a home:

Yes No