



INTAKE FORM

Rental Education and Counseling

Case/Client #: _____ Intake Time: Beginning _____ Ending: _____

CONTACT INFORMATION

First _____ Last _____ Middle _____

Street _____

City _____ State _____ Zip Code _____

County _____

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Work Other/Cell

Preferred Contact Type

Email Home Phone Work Phone Cell Phone

Preferred Language in Household _____ Email _____

CASE DATA

Total Number of Co-Applicants 1 2 3

Referral Source: How did you hear about us? (Check all that apply)

- Staff/Board Member News Article Lender Other
- Family/Friend Radio TV
- Walk-In FHA Univision
- HUD Realtor Neighborhood House Assoc. Website

Family Size: Adults: _____ Children: _____ TOTAL _____

Children: Gender Age

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Head Start Family: Yes No

Client Description:

- _____ Renter
- _____ Delinquent Renter
- _____ Eviction (At Risk)
- _____ Security Deposit Dispute
- _____ Homeless
- _____ Other _____

Race (Check all that apply)

- American Indian/Alaskan Native Native Hawaiian/Pacific Islander
- Asian White
- Black/African American Other/Multiple Race
- Hispanic

Gender Male Female
 Who is considered the Head of Household? Applicant Co-Applicant
 Are you a Veteran? Yes No
Age _____ **Birth Date** ____/____/____
 Are you Disabled? Yes No
 Is your Dependent Disabled? Yes No

Social Security Number _____-_____-_____

Education
 College High School/GED None
 Primary Vocational

Marital Status Single Married

Household income: Monthly \$ _____ Annual \$ _____

Occupation: _____

Current Residence: Own Rent

CO-APPLICANT

 First Last Middle

 Street

 City State Zip Code

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
 Home Work Other/Cell

Are you Disabled? Yes No

Social Security Number _____-_____-_____

Relationship to Primary Customer
 Brother Employer Father Husband
 Mother Sister Wife Other

Race (Check all that apply)
 American Indian/Alaskan Native Native Hawaiian/Pacific Islander
 Asian White
 Black/African American Other/Multiple Race
 Hispanic

Birth Date ____/____/____

 Email

Gender Male Female
 Are you a Veteran? Yes No

ADDITIONAL INFORMATION

Household Type

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

DISCLOSURE AND PRIVACY POLICY (Please Review)

We at Neighborhood House Association HUD Housing Counseling Services value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal Information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

I understand that NHA receives Congressional funds through the U.S. Dept. of Housing & Urban Development (HUD) Housing Counseling program and, as such, is required to share some of my personal information with HUD program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I may be referred to other housing services within NHA's organization or another agency for complimentary services as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I understand that NHA's counselor provides information and education on numerous rental and housing programs and I further understand that the housing counseling I receive from NHA's counselor in no way obligates me to choose any of these particular rental or housing programs.

SIGNATURE

I/We understand the information provided above and give authorization to Neighborhood House Association HUD Housing Counseling Services to enter information in my file to a data collection system, and open files which may be monitored and reviewed for compliance purposes. In addition I/We give authorization to pull my/our credit records for the purpose of evaluation and progress monitoring.

The information we collect through our Intake Form is used to aid us in assisting you and evaluating our programs and services. Unless you provide direct written consent we do not disclose your personal information to any unaffiliated third parties other than for required program auditing. If you have any questions or concerns please feel free to discuss them with any of our Housing Counselors.



FOR OFFICE USE ONLY

Results of Counseling

Homeless Services

Housing Search Assist.	Rental Delinq. Counsel	Found Altern. House	Ref. to Other Agency	Evict. Assist.	Remain in Cur. Home	Fair Housing Referral	Currently Receive Counsel.	Other	Ref. to Other Agency	Occp. Emerg. Shelter	Occp. Trans. Housing	Currently Receive Counsel.	Re-locate	Remain Home-less	Other

Assigned Counselor _____ Service Type _____

