Division of
Community & Resident Services

CLIENT INTAKE FORM

APPLICANT INFORMATION

First Name _____ Last Name _____ MI _____

Current Address _____

Phone number _____ Email: _____

Social Security Number _____ Driver's License/Photo ID # _____

Date of Birth _____ Gender ☐ Male ☐ Female

Have you been known by any other name? ☐ Yes ☐ No If so, what name? _____

Race ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Other

Ethnicity ☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Client Refused

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Are you a U.S. Military Veteran? ☐ Yes ☐ No Are you a Domestic Violence Victim? ☐ Yes ☐ No

Primary Language: ☐ English ☐ Spanish Other (please specify) _____ Interpreter needed? ☐

CO-APPLICANT INFORMATION

Relationship to Applicant _____

First Name _____ Last Name _____ MI _____

Phone number _____ Email _____

Social Security Number_____ Driver's License/Photo ID # _____

Date of Birth _____ Gender ☐ Male ☐ Female

Race ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Other

Ethnicity ☐ Non-Hispanic/Latino ☐ Hispanic/Latino ☐ Client Refused

OTHER HOUSEHOLD MEMBERS

NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #	PRIMARY RACE

SEEKING ASSISTANCE WITH:

☐ SECURITY DEPOSIT *(RENT)* ☐ RENT ☐ GAS ☐ ELECTRIC ☐ WATER ☐ LEXSERV

☐ SECURITY DEPOSIT *(UTILITY SCV)* ☐ HOUSING ASSISTANCE (CODE ENFORCEMENT) ☐ TREE REMOVAL ☐ SEWER & LANDFILL ☐ SIDEWALK REPAIRS ☐ MOVING RELOCATION

RESIDENCY INFORMATION

☐ Own your own home ☐ Rent your home

Amount of monthly rent/mortgage: $ _____ ☐ Live in income based housing

☐ Receive Section 8? Monthly Amount: $ _____ ☐ Receive a utility allowance? Monthly Amount: $ _____

IF RENTING:

Landlord Name _____ Address _____

Phone Number _____ Number of Bedrooms in unit _____

Utilities you are responsible for, and approximate monthly amounts:

☐ Water $_____ ☐Electric $_____ ☐Gas $_____ ☐LexServ $_____

HOUSEHOLD COMPOSITION

	Couple w/no children		Non-Custodial Caregiver(s)		Couple & dependent children
	Two Parent Family		Grandparent(s) & child		Caregiver
	Female Single Parent		Couple (parent & friend) & child		Child under 18
	Male Single Parent		Single		Other
	Foster Parent		Single w dependent children		

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAVE A DISABILITY? ☐ Yes ☐ No ☐ Self ☐ Other

Please list names: _____

IF YOU OR A MEMBER OF YOUR HOUSEHOLD HAS A DISABILITY, PLEASE INDICATE THE TYPE:

	Alcohol Abuse		Physical/Medical		HIV/AIDS
	Developmental		Mental Illness		Hearing Impaired
	Drug Abuse		Physical/Mobility Limits		Vision Impaired
	Dual Diagnosis		Other		

EMPLOYMENT STATUS

Name & Address of Employer—Applicant			**Business Phone**	**Self Employed** ☐ Yes ☐ No
Work Phone No.	**Position/Title**	**Type of Business**	**No. of Years on Job**	**Yrs. In this line of work**
Name & Address of Previous Employer *(if at position less than 2 yrs)*			**No. of Yrs on Job**	**Business Phone**

Name & Address of Employer—Co-Applicant			**Business Phone**	**Self Employed** ☐ Yes ☐ No
Work Phone No.	**Position/Title**	**Type of Business**	**No. of Years on Job**	**Yrs. In this line of work**
Name & Address of Previous Employer *(if at position less than 2 yrs)*			**No. of Yrs on Job**	**Business Phone**

MONTHLY INCOME

	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS	MONTHLY TOTAL:
Salary	$	$	$	$0
Overtime Pay	$	$	$	$0
Commissions	$	$	$	$0
Fees	$	$	$	$0
Tips	$	$	$	$0
Bonuses	$	$	$	$0
Interest and/or Dividends	$	$	$	$0
Net Income from Business	$	$	$	$0
Net Rental Income	$	$	$	$0
Social Security (SSI or SSDI)	$	$	$	$0
Pensions, Retirement Funds, etc.	$	$	$	$0
Unemployement Benefits	$	$	$	$0
Workers Compensation, etc.	$	$	$	$0
Welfare Payments	$	$	$	$0
Food Stamps	$	$	$	$0
Medicaid	$	$	$	$0
Other *(Alimony, Child Support, etc.)*	$	$	$	$0
MONTHLY TOTAL INCOME:				**$** 0
YEARLY INCOME (MONTHLY TOTAL INCOME X 12)**:**				**$** 0

ASSETS

TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NO.
Cash on Hand	$	$		
Checking Account(s)	$	$		
	$	$		
Saving Account(s)	$	$		
	$	$		
Credit Union Account(s)	$	$		
	$	$		
	$	$		
Stocks	$	$		
Life Insurance	$	$		
Other *(i.e. rental property)*	$	$		

I CERTIFY THAT I HAVE PROVIDED TRUE AND ACCURATE INFORMATION.

THE FAILURE TO PROVIDE ACCURATE INFORMATION COULD RESULT IN DENIAL OF MY REQUEST FOR ASSISTANCE.

CLIENT SIGNATURE _____ **DATE** _____

STAFF SIGNATURE _____ **DATE** _____