



For Office Use Only:

- In-Person Counseling
- Telephone Counseling
- Homebuyer Education Class

Client ID: _____

Intake Date: _____

HOUSING COUNSELING CLIENT INTAKE FORM

Note: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

ABOUT YOU

FULL NAME	
STREET ADDRESS	
CITY	STATE
ZIP CODE	COUNTY
HOME PHONE	MOBILE PHONE
WORK PHONE	EMAIL ADDRESS
PREFERRED CONTACT METHOD	BEST TIME TO REACH YOU
DATE OF BIRTH	SOCIAL SECURITY NUMBER
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other – Please Specify:	ARE YOU DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No
MARITAL STATUS <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	MILITARY STATUS <input type="checkbox"/> Active Military or Military Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service
ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	RESIDENCY STATUS <input type="checkbox"/> Natural Born U.S. Citizen <input type="checkbox"/> Naturalized U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other
RACE <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <i>and</i> White <input type="checkbox"/> Asian <i>and</i> White <input type="checkbox"/> Black or African American <i>and</i> White <input type="checkbox"/> Other Multiple Race	LEVEL OF FORMAL EDUCATION ACHIEVEMENT <input type="checkbox"/> No Formal Education <input type="checkbox"/> Nursery School through Junior High <input type="checkbox"/> Some High School; No Diploma <input type="checkbox"/> High School Diploma or Equivalent (e.g., GED) <input type="checkbox"/> Some College; No Degree <input type="checkbox"/> Technical, Trade, or Vocational Training <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Professional Degree (e.g., PhD or JD) <input type="checkbox"/> Doctoral Degree
ENGLISH LANGUAGE PROFICIENCY <input type="checkbox"/> Yes <input type="checkbox"/> No	PREFERRED LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other:

ABOUT YOUR EMPLOYMENT

EMPLOYMENT STATUS <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Contractor <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Work Force - Retired <input type="checkbox"/> Not in Work Force - Disabled <input type="checkbox"/> Not in Work Force - Voluntary	
JOB TITLE	
EMPLOYER	
STREET ADDRESS	
CITY	STATE
ZIP CODE	START DATE

ABOUT YOUR HOUSEHOLD

DESCRIBE YOUR CURRENT HOUSEHOLD. <input type="checkbox"/> Single Adult <input type="checkbox"/> Single Parent Household (Female) <input type="checkbox"/> Single Parent Household (Male) <input type="checkbox"/> Head of Household (Female) <input type="checkbox"/> Head of Household (Male) <input type="checkbox"/> Married with Children <input type="checkbox"/> Married without Children <input type="checkbox"/> Other: _____	CURRENT HOUSING STATUS <input type="checkbox"/> Renting <input type="checkbox"/> Homeowner with Mortgage <input type="checkbox"/> Homeowner without Mortgage <input type="checkbox"/> Staying with Friends or Family <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____
TOTAL HOUSEHOLD SIZE	NUMBER OF DEPENDENT CHILDREN (UNDER 18)
CURRENT TOTAL RENT OR MORTGAGE PAYMENT	AGES OF DEPENDENT CHILDREN
DO YOU LIVE IN A RURAL AREA? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A FIRST-GENERATION HOMEBUYER? <input type="checkbox"/> Yes <input type="checkbox"/> No (Your parents did not own their home.)
ARE YOU A FIRST-TIME HOMEBUYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU OWNED A HOME IN THE LAST THREE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU APPLIED FOR A MORTGAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU SIGNED A PURCHASE AGREEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
CURRENT GROSS MONTHLY INCOME	ANNUAL GROSS INCOME

How did you hear about InCharge Debt Solutions?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Member of Our Staff | <input type="checkbox"/> Family or Friend | <input type="checkbox"/> Existing or Previous Client | <input type="checkbox"/> Print, Radio, or Internet Ad |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Direct Mail / Brochure | <input type="checkbox"/> Bank or Mortgage Servicer | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> HUD | <input type="checkbox"/> Other: _____ | | |



ACKNOWLEDGEMENT

I declare that all the information I have provided on all pages of this application is true and accurate to the best of my knowledge.

APPLICANT SIGNATURE	DATE OF SIGNATURE
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