



CONSUMER INTAKE FORM

DATE _____ TIME _____ COUNTY _____

NAME _____ AGE _____

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ADDRESS _____

PHONE _____

How long have you been at this address? _____

Is this home a reverse mortgage? Yes No

What type of dwelling?

Single Story Two Story Duplex Mobile / Manufactured

Current Housing Arrangement (Please Indicate)

Rent Landlord _____
Own
Homeowner with current mortgage Mortgage Holder _____
Homeowner with mortgage paid off
Living with family member and not paying rent
Homeless

Are you the current owner of the property? Yes No

Does the deed reflect ownership? Yes No

Are your property taxes current? Yes No

Do you currently have homeowner's insurance? Yes No Insurance Agency _____

Do you intend on occupying the dwelling as your primary residence? Yes No

Have you had a property foreclosed upon in the last seven years? Yes No

Are you a Veteran? Yes No

Do you have a permanent/physical disability? Yes No

Are you in danger of being placed in a nursing home? Yes No

Family / Household Size _____ How Many Dependents _____

Name _____ Relationship _____ Age _____

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Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Are there non - dependents who reside in the home? Yes No

What is the total gross annual income in household? (All Occupants) _____

What are the sources of income? _____

Briefly describe housing work related needs? _____

Are you aware that a judgment note "LIEN" will be placed on the subject property for a period of five (5) years for rehabilitation modifications received? (Does not apply to ACCESS program) Yes No

Additional intake comments?

Most convenient time for an individual appointment / follow up call? _____ AM _____ PM

Day(s) Available: Monday Tuesday Wednesday Thursday Friday

Completed By _____ Date _____

Intake Status: Tentative Eligibility Ineligible Contact Wait List Hold

Comments?

Was consumer referred to other agencies? Yes No