



Personal Information 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.

How did you hear about Autism Housing Pathways?

Part 1: Biographic and Demographic Information

Person 1:

Name Gender Social Security Number Date of Birth

Current street address City State Zip

Home Phone Cell Phone Other Phone

Email Secondary Email

Preferred Contact Method: _____

Best time to be reached: _____

Race:

- Asian African American Native American/Alaskan Native Native Hawaiian/Pacific Islander

- White Bi-racial or Multi-racial Other (specify) Decline to answer

Ethnicity: Hispanic Non-Hispanic

Do you have a disability? Yes No

Are you a veteran? Yes No

Marital status: Single Married Divorced Separated Widowed



Person 2:

Name Gender Social Security Number Date of Birth

Current street address City State Zip

Home Phone Cell Phone Other Phone

Email Secondary Email

Preferred Contact Method: _____

Best time to be reached: _____

Race:

- Asian African American Native American/Alaskan Native Native Hawaiian/Pacific Islander
- White Bi-racial or Multi-racial Other (specify) Decline to answer

Ethnicity: Hispanic Non-Hispanic

Do you have a disability? Yes No

Are you a veteran? Yes No

Marital status: Single Married Divorced Separated Widowed



Person 3:

Check if the goal for Person 3 is to create a new household

Name

Gender

____ - ____ - ____
Social Security Number

____/____/____
Date of Birth

Current street address

City

State

Zip

Home Phone

Cell Phone

Other Phone

Email

Secondary Email

Preferred Contact Method: _____

Best time to be reached: _____

Race:

- Asian
- African American
- Native American/Alaskan Native
- Native Hawaiian/Pacific Islander
- White
- Bi-racial or Multi-racial
- Other (specify) _____
- Decline to answer

Ethnicity: Hispanic Non-Hispanic

Do you have a disability? Yes No

Are you a veteran? Yes No

Marital status: Single Married Divorced Separated Widowed



Previous Employer

Dates of Employment

____ () ____ - _____

Street Address

Work phone

City State Zip

Person 2:

- Employed Full-time
- Employed Part-Time
- Employed Seasonally
- Unemployed, receiving benefits
- Unemployed, receiving no benefits
- Self-Employed
- Disabled, receiving benefits
- Retired
- Other (specify):

Employer 1

_____ to _____
Dates of Employment

Street Address

____ () ____ - _____
Work phone

City State Zip

Employer 2

_____ to _____
Dates of Employment

Street Address

____ () ____ - _____
Work phone

City State Zip

Previous Employer

_____ to _____
Dates of Employment

Street Address

____ () ____ - _____
Work phone

City State Zip



Person 3:

- Employed Full-time
- Employed Part-Time
- Employed Seasonally
- Unemployed, receiving benefits
- Unemployed, receiving no benefits
- Self-Employed
- Disabled, receiving benefits
- Retired
- Other (specify):

Employer 1

_____ to _____
Dates of Employment

Street Address

() - _____
Work phone

City State Zip

Employer 2

_____ to _____
Dates of Employment

Street Address

() - _____
Work phone

City State Zip

Previous Employer

_____ to _____
Dates of Employment

Street Address

() - _____
Work phone

City State Zip



Part 3: Your Housing Status and Housing Goals

My current housing status is:

- Renting/leasing
- Homeowner with mortgage(s)
- Homeowner (no mortgage debt)
- Homeless
- Boarder (renting)
- Living with family (circle one)

I pay rent I don't pay rent

- Other:
- Do you currently receive rental assistance subsidies (circle one)? Yes No
If yes, please specify:

My housing goal is to...(check all that apply):

- Buy a home (pre-purchase counseling)
- Buy a home for a family member with a disability (pre-purchase counseling)
- Sell my home and buy a duplex or multi-family unit (pre-purchase counseling)
- Sell my home and buy two homes or condos (pre-purchase counseling)
- Add an accessory unit to my home for a family member with a disability
- Obtain rental housing for a family member with a disability
- Prevent eviction for myself
- Prevent eviction for a family member with a disability
- Transition from homelessness
- Transition a family member with a disability from homelessness
- Renovate to address property damage
- Renovate to address safety issues
- Discuss a fair housing rights violation
- Implement assistive technology and/or visual supports
- Assess living skills
- Prevent foreclosure
- Obtain a reverse mortgage
- Get credit and budget counseling
- Other (specify)



Part 4: Your Rental and Mortgage Information

If you are currently renting, how long have you been renting? ____ Years ____ Months.

Check all that apply:

<input type="checkbox"/> I pay market rent	<input type="checkbox"/> I receive a rent subsidy and/or public housing resident	<input type="checkbox"/> I am a Section 8 recipient
<input type="checkbox"/> I am facing eviction	<input type="checkbox"/> I am delinquent with my rent and need assistance	<input type="checkbox"/> I am delinquent with utilities and need assistance
<input type="checkbox"/> I am interested in filing a fair housing claim. Specify reason(s):		

If you own your property, do you have a mortgage? ____ YES ____ NO. If YES, please answer the questions below.

My mortgage data		
	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
Mortgage servicer name		
Loan Number	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
Loan Balance	\$ <input type="checkbox"/> I don't know	\$ <input type="checkbox"/> I don't know
Interest Rate	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
Monthly Principal and Interest Payment (excluding taxes and insurance).		
Private Mortgage Insurance (PMI) payment	\$	\$
Fixed or Adjusting Interest Rate?	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know
Date you made your last payment:	/ /	/ /
Past Due Amount:	\$	\$
Have you previously applied for a loan modification or forbearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



If “yes,” please provide details on the outcome of your previous foreclosure prevention effort here:

Reason for Default:

- Divorce Disability Marital Separation Decrease in income
 Increase in expenses Medical Hardship Other

Please provide additional remarks about your hardship here:

Has your hardship ended? Yes No

Do you have the ability and willingness to resume mortgage payments? Yes No

If “No,” you seeking an alternative outcome, such as a deed-in lieu of foreclosure or short sale? Explain.

Questions related to your credit history:

1. Are there any outstanding judgments against you? Yes No
2. Have you declared bankruptcy within the past seven years?
 Yes No I am currently in a bankruptcy plan.
3. Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? Yes No



Part 5: Your Income/Support, Debt, and Average Monthly Expenses

Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

Income Type	Person 1		Person 2		Person 3	
	Monthly Income/Support		Monthly Income/Support		Monthly Income/Support	
	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
Salary/wage earnings	\$	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$	\$
Child support/ Alimony	\$	\$	\$	\$	\$	\$
Social Security	\$	\$	\$	\$	\$	\$
Pension	\$	\$	\$	\$	\$	\$
SSI	\$	\$	\$	\$	\$	\$
SSDI	\$	\$	\$	\$	\$	\$
EAEDC						
Unemployment	\$	\$	\$	\$	\$	\$
Public assistance	\$	\$	\$	\$	\$	\$
SNAP or CAP:	\$	\$	\$	\$	\$	\$
AFC:	\$	\$	\$	\$	\$	\$
PCA:	\$	\$	\$	\$	\$	\$
DESE/DDS	\$	\$	\$	\$	\$	\$
DDS family/ individual support (\$20 x hours):	\$	\$	\$	\$	\$	\$
Other:						
Total:	\$	\$	\$	\$	\$	\$
COMBINED Gross :	\$					
COMBINED Net:	\$					



Average Monthly Debts	Person 1	Person 2	Person 3
Rent	\$	\$	\$
Mortgage (Principal and Interest)	\$	\$	\$
Property Taxes, HOA, Insurance	\$	\$	\$
Car Payment(s)	\$	\$	\$
Car Insurance	\$	\$	\$
Credit Cards (Total)	\$	\$	\$
Childcare/daycare	\$	\$	\$
Alimony/Child Support	\$	\$	\$
School Tuition	\$	\$	\$
Medical Debt	\$	\$	\$
Respite	\$	\$	\$
Life Coaching	\$	\$	\$
Therapies	\$	\$	\$
Assistive Technology	\$	\$	\$
Gas/ Transportation	\$	\$	\$
Household Utilities (Water, Electric, Gas, Trash, Landline, Cable)	\$	\$	\$
Cell Phone(s)	\$	\$	\$
Food (groceries + eating out)	\$	\$	\$
Student Loan Debt	\$	\$	\$
Tithing	\$	\$	\$
Other:	\$	\$	\$
Total:	\$	\$	\$
Total COMBINED costs:	\$		



- Refer to your COMBINED net income on Page 10: \$ _____
- Subtract your combined costs from Page 11: - \$ _____
- Your monthly cash flow: = \$ _____

I/we have POSITIVE or NEGATIVE cash flow.

Total Value, Liquid Assets:	Total Value, Hard Assets:
1. Stocks/Bonds/CDs: \$	1. Owner Occupied Property Value: \$
2. Savings Account: \$	2. Investment Property value: \$
3. Checking Accounts: \$	3. Other: \$
4. Other: \$	4. Other: \$
Total Value: \$	Total value: \$

Person 1 Signature: _____ **Date:** _____

Person 2 Signature: _____ **Date:** _____

Person 2 Signature: _____ **Date:** _____