



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 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



My household type is....

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Single Adult | <input type="checkbox"/> Married | <input type="checkbox"/> Cohabiting | <input type="checkbox"/> Single female-headed household with dependents |
| <input type="checkbox"/> Single male-headed household with dependents | <input type="checkbox"/> Roommates/unrelated adults | <input type="checkbox"/> Living with non-spousal family members (parents, siblings, etc) | <input type="checkbox"/> Other: (specify) |

Family household size: _____

Languages Spoken (specify): _____ / _____ / _____

Part 2: Your Employment Status

Person 1:

- | | | |
|---|--|---|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Seasonally |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, receiving no benefits | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Retired | <input type="checkbox"/> 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

_____ to _____



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

_____ to _____
Dates of Employment

Employer 2

Street Address

() - _____
Work phone

City State Zip

_____ to _____
Dates of Employment

Previous Employer

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):

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