

# INTAKE FORM

Home:		Room#	
Move-In Date	/ /	Rent Amt.	\$
End of Probation	/ /	Fee/Deposit	\$

## Resident - General Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ NickName: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## Secured Information

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN/ITIN #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

ID/CDL#: \_\_\_\_\_ Military ID #: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Financial Information

Monthly Income 1: \$ \_\_\_\_\_ Source 1: \_\_\_\_\_

Monthly Income 2: \$ \_\_\_\_\_ Source 2: \_\_\_\_\_

Other Monthly Income: \$ \_\_\_\_\_ Available Savings: \$ \_\_\_\_\_

Expenses: Cell Phone Car Loans Other

What is the total of your monthly expenses? \$ \_\_\_\_\_

## Emergency Information

### Emergency Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Relationship To You: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Relationship To You:: \_\_\_\_\_

### Medical Information

#### **Do you have Medical Insurance?**

Provider: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_

#### **Do you have any allergies or dietary restrictions? *Provide details below***

List Medications:

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List Food/ Beverages:

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Other:

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**Do you have any chronic medical issues we should be concerned about?** (Example: Diabetes, COPD, etc.) *Please provide details below.*

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**Do you have any special medical equipment?**

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**Have you been exposed to someone with COVID-19?(Circle)**      Yes      No

IF YES, please explain:

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**Are you currently experiencing any of the symptoms listed below? (Circle)**

Fever

Dry Cough

Flu-like Symptoms

## Resident Suitability Questionnaire \*\*\*

**Can you walk independently?(Circle)**    Yes            No            Sometimes

If No or Sometimes Explain: \_\_\_\_\_

\_\_\_\_\_

**Can you participate in household cleaning and chores?(Circle)**    Yes            No

If No or Sometimes Explain: \_\_\_\_\_

\_\_\_\_\_

**Can you bath and dress yourself? (Circle)**    Yes            No

If No or Sometimes Explain: \_\_\_\_\_

\_\_\_\_\_

**Do you bath every day? (Circle)**    Yes            No

If No or Sometimes Explain: \_\_\_\_\_

\_\_\_\_\_

**Do you have any issues with bladder control?(Circle)**    Yes            No            Sometimes

If No or Sometimes Explain: \_\_\_\_\_

\_\_\_\_\_

**Are you on Probation or Parole?**    Yes            No

If Yes, provide information:

Probation/Parole Officer Name: \_\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Probation/Parole Contact #: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_ CDC #: \_\_\_\_\_

## Resident Suitability Questionnaire Continued

**Do you smoke? (Circle)**    Yes        No

IF YES, please explain:

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**Are you recovering from any addiction that we should be aware of?(Circle)**    Yes    No

IF YES, please explain:

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**What time do you normally go to bed?** \_\_\_\_\_ PM

**Do you have any regular medical appointments?** Please explain.

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**List food items that you do not like:**

Meats: \_\_\_\_\_

Vegetables: \_\_\_\_\_

Other: \_\_\_\_\_

**List your favorite foods:**

Meats: \_\_\_\_\_

Vegetables: \_\_\_\_\_

ther: \_\_\_\_\_

**Resident Suitability Questionnaire Continued**

List Activities you enjoy doing:

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List concerns you may have living with a roommate?

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Do you work or volunteer anywhere?

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List ANYTHING else we should be concerned about.

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**The information I have provided above is true and accurate to the best of my knowledge. I understand that if I have not provided true and accurate information that it will be grounds for eviction.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**OFFICE USE ONLY:** Circle Yes if applicable

Temperature Check (enter temperature taken)	_____ F
Copy of ID/CDL	Yes
Copy of Proof of Military Service**	Yes
Proof of Income - Confirmation	Yes
Move-In Fee Received	Yes
Deposit Received	Yes
Initial Rent (Prorated) Received	Yes
COVID-19 Disclaimer Signed	Yes
License Agreement Signed	Yes
Pool Waiver Signed	Yes