



NEIGHBORHOOD HOUSING SERVICES OF GREATER CLEVELAND, INC.

5700 Broadway Avenue, Cleveland, Ohio 44127 ■ 216.458.HOME (4663) ■ FAX 216.458.4672 ■ www.nhscleveland.org ■ info@nhscleveland.org

FINANCIAL CAPABILITIES PROGRAM • PERSONAL INTAKE FORM

Referred By:	Counselor Intake Date:
Number of Dependents (Name, Sex, Age)	Household Size:
_____ _____ _____ _____ _____ _____ _____	Household Arrangement: <input type="checkbox"/> Married w/o children <input type="checkbox"/> Married w/children <input type="checkbox"/> Two or more unrelated Adults <input type="checkbox"/> Two or more related Adults <input type="checkbox"/> Divorced or Separated (Circle option) <input type="checkbox"/> Single <input type="checkbox"/> Female Headed Single parent household <input type="checkbox"/> Male Headed Single parent household

APPLICANT

Last Name	First	Middle	Date of Birth	Social Security No.																
Address	City	State	Zip Code	Home Phone																
County	Email Address: _____		Cell Phone																	
English Proficiency <input type="checkbox"/> Is not English proficient <input type="checkbox"/> Is English proficient		Rural Status <input type="checkbox"/> Does not live in Rural area <input type="checkbox"/> Live in Rural area																		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Foreign Born <input type="checkbox"/> Yes <input type="checkbox"/> No	Education <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> 2 year College <input type="checkbox"/> Graduate Degree <input type="checkbox"/> High School Diploma /Equivalent <input type="checkbox"/> Bachelor's Degree		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Own \$ _____ <input type="checkbox"/> Rent \$ _____ <input type="checkbox"/> Live w/family <input type="checkbox"/> Section 8 \$ _____ Time at Residence Yrs. _____ Mos _____																
Race <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other _____		<input type="checkbox"/> Hispanic <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Asian/Pacific Islander																		
Employment _____ Start Date _____ Years In Profession _____ Title _____		<input type="checkbox"/> Weekly \$ _____ <input type="checkbox"/> Biweekly \$ _____ <input type="checkbox"/> Semimonthly \$ _____ <input type="checkbox"/> Monthly \$ _____																		
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	<input type="checkbox"/> Annuity \$ _____	<input type="checkbox"/> Investments \$ _____																		
Automobile Make _____		Model _____		Year _____																
Automobile Make _____		Model _____		Year _____																

CO-APPLICANT

Last Name		First		Middle		Date of Birth		Social Security No.	
Address		City		State		Zip Code		Home Phone	
County		Email Address: _____				Cell Phone			
English Proficiency <input type="checkbox"/> Is not English proficient <input type="checkbox"/> Is English proficient				Rural Status <input type="checkbox"/> Does not live in Rural area <input type="checkbox"/> Live in Rural area					
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Other Income \$_____	<input type="checkbox"/> Alimony	<input type="checkbox"/> Adoption Subsidy \$_____	<input type="checkbox"/> Child Support \$_____
		<input type="checkbox"/> Food Assistance \$_____	<input type="checkbox"/> Social Security \$_____
	<input type="checkbox"/> Disability \$_____	<input type="checkbox"/> Family Contribution \$_____	<input type="checkbox"/> Rental Income \$_____
	<input type="checkbox"/> Pension \$_____	<input type="checkbox"/> Investments \$_____	
	<input type="checkbox"/> Annuity \$_____		
Automobile	Make _____	Model _____	Year _____
Automobile	Make _____	Model _____	Year _____

CREDITOR INFORMATION

[illegible]

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LIQUID ASSETS (Please list the approximate value of the following)		
	APPLICANT	CO-APPLICANT
CD		
Checking		
Checking		
Savings		
Savings		
Client Sweat Equity		
Educational Savings Program		
Investments/IRA		
Mattress Money		
Retirement (401K/ESOP/SEP/PERS/STERS)		

For Mortgage Delinquency Counseling Only

Date the home was purchased (month/year)_____ Amount paid for home \$_____

Who is your current lender?_____

What is your current interest rate?_____ Monthly Payment amount?_____

Who is your current second mortgage lender?_____

What is your current interest rate?_____ Monthly Payment amount?_____

Does payment include taxes? _____ If not how much \$_____ Have your taxes been sold as certificate?_____

Does payment include insurance? _____ If not how much \$_____

Months Delinquent?_____ Amount needed to bring current?_____ Have you had your loan modified?_____

Are you currently in foreclosure?_____

VI. CONSENT

IMPORTANT: PLEASE READ THIS STATEMENT BEFORE SIGNING.

In connection with credit and budget counseling as part of the Financial Capabilities Program, I (We) the applicant(s) hereby authorize all consumer-reporting agencies to furnish Neighborhood Housing Services of Greater Cleveland, Inc. with reports and/or investigative consumer reports on myself and/or (us) the applicant(s). I (We) have also received a copy of Neighborhood Housing Services of Greater Cleveland's Privacy Policy and Practices Agreement. I (We) have received a copy of the disclosure statement as it relates to the NFMC program. I (We) consent to NHSGC to do the following (a.) submit client-level information to the Data Collection System for the NFMC grant, (b.) NFMC to open files to be reviewed for program monitoring and compliance purposes, and (c.) NFMC to conduct follow-up as it relates to program evaluation.

APPLICANT: _____ DATE: _____

COAPPLICANT: _____ DATE: _____