

ALL PROGRAM INTAKE FORM

Staff:	Date:	<input type="checkbox"/> URGENT NEED?
<input type="checkbox"/> Owner-Occupant <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord		
Property Address:		Zip: 4950
<input type="checkbox"/> Housing Rehab <input type="checkbox"/> Lead <input type="checkbox"/> Rent Rehab		

Applicant

Name:	Daytime Phone:
e-mail:	Primary Language:
Contact Address (if different):	
City, State:	Zip:
Corporate Name:	

Property Information

Previous Rehab (Y/N)?	Owned & continuously occupied since:
Housing Code Orders (Y/N)?	Property Taxes paid (Y/N)?
Are you buying on a Land Contract?	Is your mortgage current (Y/N)?
Are you currently involved in a bankruptcy?	Property Insurance (Y/N)?

Household Information

Item	Owner – Occupied	Rental Units			
		#1	#2	#3	#4
Total Household Members					
Household Members Age 18 and Over					
Age of Youngest Child (Pregnant Mother?)					
Any Child with Elevated Blood Lead Levels?					
Annual Household Income:					
How did you hear about this program?					

Notes

Requested repairs: