

# Housing Counseling Intake Form

Housing Authority of the County of Clallam  
2603 S. Francis Street - Port Angeles, WA 98362  
Call for an appointment 452-7631

Please keep this form until you come in for appointment do not mail in or drop off  
Date \_\_\_\_\_ Time \_\_\_\_\_ Housing Counselor \_\_\_\_\_

## 1. GENERAL INFORMATION

Today's Date: \_\_\_\_\_

Applicant Social Security # Date of Birth Age

Co-Applicant Social Security # Date of Birth Age

Physical Address Mailing Address

City, State Zip Code email

Phone home \_\_\_\_\_ work \_\_\_\_\_ Co-applicant wk \_\_\_\_\_

Marital Status Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widow(er) \_\_\_

Dependents

Names:

Ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Residential Information

Landlord's Name Landlord's Address Phone

Time lived at above address \_\_\_ Yrs \_\_\_ Mo Mo. Rent \$ \_\_\_\_\_ Mo. Utilities \_\_\_\_\_

**IF less than two years;**

**Address you occupied** \_\_\_\_\_

**Landlords Name/Address and phone** \_\_\_\_\_

Date of Occupancy \_\_\_\_\_

### 3. Employment And Income

#### Applicant Gross Income:

Hour \$ \_\_\_\_\_ Week \$ \_\_\_\_\_ Month \$ \_\_\_\_\_ Year \$ \_\_\_\_\_

\_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Hours Per week \_\_\_\_\_ Start Date \_\_\_\_\_ Position/Title \_\_\_\_\_

If less than two years, list previous employment and Phone

\_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

#### Co-Applicant Gross Income:

Hour \$ \_\_\_\_\_ Week \$ \_\_\_\_\_ Month \$ \_\_\_\_\_ Year \$ \_\_\_\_\_

\_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Hours Per week \_\_\_\_\_ Start Date \_\_\_\_\_ Position/Title \_\_\_\_\_

If less than two years, list previous employment and Phone.

\_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

#### Other Sources of Income:

Child Support Monthly \$ \_\_\_\_\_

Pension/Disability/SSI \$ \_\_\_\_\_

Applicant (Source) \_\_\_\_\_ \$ \_\_\_\_\_

Co-Owner/Spouse (Source) \_\_\_\_\_ \$ \_\_\_\_\_

Interest on Savings \$ \_\_\_\_\_

Bank \_\_\_\_\_

Other (Source) \_\_\_\_\_ \$ \_\_\_\_\_

Total Income from all sources \$ \_\_\_\_\_

#### **Debt List ALL monthly debt (installments, credit cards, loans)**

Child Support \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

#### **Assets: List all savings, retirement/pension accounts, 401k, IRA's etc**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where would you like to live?

1<sup>st</sup> Choice \_\_\_\_\_  
City County

2<sup>nd</sup> Choice \_\_\_\_\_  
City County

Number of Bedrooms: \_\_\_\_\_ Special Needs (Handicapped/elderly) \_\_\_\_\_

Are you Currently in Public Housing \_\_\_\_\_ Section-8 \_\_\_\_\_  
Are you in Family Self-Sufficiency \_\_\_\_\_ If so describe your time line and account status. \_\_\_\_\_

Have you owned a home in the last three years? \_\_\_\_\_ VA? \_\_\_\_\_ FHA? \_\_\_\_\_  
Are you a citizen or permanent resident of the U.S.?  yes  no  
Are you a Veteran?  yes  no Are you currently in the military?  yes  no

The Self-Help program requires families to contribute 30-35 hours weekly performing construction tasks. How will your family satisfy these requirements?  
Applicant \_\_\_\_\_ hours, Co-Applicant \_\_\_\_\_ hours, Friends \_\_\_\_\_ hours, Relatives \_\_\_\_\_ hours

If eligible are you interested in Habitat Housing ?  YES

**5. Certification and Release**

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. Furthermore, I understand that the completion of this application in no way guarantees me that I will receive housing. I hereby authorize the Housing Authority of the County of Clallam to obtain a credit report in my name and verify results with creditors including Medical and/or to request verification of income, employment and residence. I give permission for the HACC to discuss my housing application with potential lenders. I will keep the HACC apprised of any changes in family status and/or income changes. **I understand that I am responsible for reimbursing the HACC for the cost of the credit report at time of appointment. No cash accepted; check or money order only (\$ 9.73 - single / \$15.66 - couple)**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

(Release will expire 6 months from date of signature. )

**6. Information for Government monitoring Purposes**

The Federal Government and those that provide our funding for this Housing Counseling Service request the following information. The information is used to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. It will in no way affect the manner in which services are delivered.

Borrower:

I do not wish to furnish this information

Co-borrower:

I do not wish to furnish this information

Race/National Origin

- American Indian
- Black,
- White
- Hispanic
- Other \_\_\_\_\_

Race/National Origin

- American Indian
- Black, Non-Hispanic
- White
- Hispanic
- Other \_\_\_\_\_

Sex

Male  Female

Male  Female

**7. Referral Source**

- |                                   |   |                                      |
|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Word of Mouth              | <input type="checkbox"/> Flyer       |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Newspaper                  | <input type="checkbox"/> TV          |
| <input type="checkbox"/> Radio    | <input type="checkbox"/> Banker                     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Housing Authority Employee |                                      |