#  Catholic charities east bay

# Housing & Financial Services

 Salesforce ID#\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Applicant Information |
| Date: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ | Referred by: |
| First Name |  | Last Name |  |
| Street Address  |   | Apartment/Unit # |  |
| City |  | State | Zip Code |
| House Phone # |  | Cell Phone# |  |
| Email:  |  | Citizenship |  |
| Date of birth |  Age: | Social Security #\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ | Gender |  |
| Race [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  Hawaiian Native or Pacific Islander [ ]  Multi-racial [ ]  White [ ]  Other  | Are you Hispanic or Latino?   |  |
| Preferred Language for Service |  |
| OTHER ADULT(S) IN HOUSEHOLD |  |
| First Name | Last Name |  |
| Date of birth |  Age: | Social Security #\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ | Gender |  |
| Race [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  Hawaiian Native or Pacific Islander [ ]  Multi-racial [ ]  White [ ]  Other  | Is this adult Hispanic or Latino? |  |
| First Name |  | Last Name  |  |
| Date of birth |  Age: | Social Security #\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ | Gender |  |
| Race [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  Hawaiian Native or Pacific Islander [ ]  Multi-racial [ ]  White [ ]  Other | Is this adult Hispanic or Latino? |  |
| How many people are in your household?(Include yourself)  |  | How many children **under the age of 18** yrs? |
| How many people are between the ages of **18-24** yrs? | How many people in the house are between **25-54** yrs? |  |
| How many seniors are **55** yrs and older? | Are you or anyone in the household Disabled?  Yes [ ]  No [ ]  |  |  |
| What is the highest level of education you completed? | If yes, please state your disability: |  |  |
| Are you or any other adult in the household a veteran?  |  Yes [ ]  No [ ]  |  |  |
| Type of Housing? [ ]  Home Owner [ ]  Rent Apartment or Room [ ]  Homeless [ ]  Shelter [ ]  With Friends or Family | Are you on Section 8? Yes [ ]  No [ ]  |  |
| Marital Status  [ ]  Single [ ]  Married [ ]  Separated [ ]  Divorced [ ]  Widowed [ ]  Domestic Partnership  |  |
| Household Type? [ ]  Single adult [ ]  Couple with no children [ ]  Two parent family  [ ]  Foster parents [ ]  Grandparent(s) and child [ ]  Kinship (2 or more related adults)  [ ]  Male headed single parent [ ]  Female headed single parent [ ]  Two or more unrelated adults [ ]  Custodial caregivers (children and legal guardian) [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Have you received rental/deposit assistance from **Catholic Charities**, **Season of Sharing** or any other agency before?  YES [ ]  NO [ ]  | If **yes**, when and where have you received assistance? |  |
| Employed: Yes [ ]  No [ ]  | Employment: Full-time [ ]  Part-time [ ]  |  |
| History of Homelessness: How often have you been without shelter/housing? [ ]  Never [ ]  Once [ ]  More than once |  |
| Health Insurance Information If you have health insurance, what type? [ ]  MediCal [ ]  Medicare [ ]  Private (Blue Cross, Sutter, etc.) [ ]  Other Other adult in Household? [ ]  MediCal [ ]  Medicare [ ]  Private (Blue Cross, Sutter, etc.) [ ]  Other Children? [ ]  MediCal [ ]  Medicare [ ]  Private (Blue Cross, Sutter, etc.) [ ]  Other |  |

What type of assistance are you seeking today? (**Check ONLY one please**):

|  |  |  |  |
| --- | --- | --- | --- |
| **Deposit**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  **1st Month’s Rent**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Current Month’s Rent**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Back rent** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**How many months?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Income & Expenses Information**

Please understand that in order to be eligible for certain funds you will be required to show proof of specific income, and expenses information such as utility bills and pay-stubs. Please ensure that the information provided below is accurate:

|  |  |  |  |
| --- | --- | --- | --- |
| **Monthly Income** | **NET** (After taxes are taken out) | **GROSS**(Before taxes are taken out) | **Monthly Expenses** |
| Applicant Net Wages |  |  | Rent/Mortgage |  |
| Spouse Wages |  |  | PG&E |  |
| Child Support |  |  | Water |  |
| CalWORKS |  | Garbage |  |
| Social Security |  | House phone and/or Cellular phone |  |
| SSI |  | Hygiene Supplies |  |
| SSDI |  | Food (estimate) |  |
| Welfare to Work |  | Child Care |  |
| Food Stamps |  | Car Insurance |  |
| General Assistance/ TANF |  | Car Payment |  |
| Unemployment |  | Car Cost (gas) |  |
| Disability |  | Transportation (bus, tolls, parking) (estimate) |  |
| Worker’s Comp |  | Installment Payments (credit card payments) |  |
| AFDC Amount |  | Medical Insurance |  |
| Other income sources |  | Laundry, Cleaning (estimate) |  |
| Additional income expected in next 30 days\* |  | Clothing (estimate) |  |
|  |  | Cable TV, Internet |  |
|  |  | Other |  |
| **Total Net Income:** | **$** | **Total Expenses:** | $ |

|  |  |
| --- | --- |
|  |  |
| **TOTAL NET INCOME** | $ |
| **LESS TOTAL EXPENSES** | $ |
| **BALANCE of FAMILY INCOME** | $ |

This intake form is only to determine your eligibility to the program.

The assistance is **NOT** guaranteed at this time.

\*Please list source(s) of additional income expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What are the circumstances around your current housing crisis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your next steps to remedy your situation?

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

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What challenges have you had in the last month? \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What challenges do you anticipate having in the near future? \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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