# 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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