



CLIENT INTAKE FORM

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about our services, please speak with the intake coordinator about arranging alternative accommodations

How did you hear about Housing Conservation Coordinators, Inc.?

- Member of our staff Print ad Religious or social organization Friend/family
 Elected official Internet research Housing Court other _____

PART ONE: BIOGRAPHIC AND DEMOGRAPHIC INFORMATION

Name: _____
Last Name First Name Middle Initial

Date: ____/____/____

Address: _____
Address and Apartment No.

Home Phone: __ (____) _____ - _____

Cell Phone: __ (____) _____ - _____

City State Zip Code

Email Address: _____ Work Email Personal Email

Preferred Contact Method: Cell Phone Work Phone Home Phone Email Best time to be reached: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____ Age: _____

- Race:** American Indian/Alaskan Native Asian African American
 Native Hawaiian/Pacific Islander White Biracial or Multiracial
 Other (Specify) _____ Decline to Answer

Ethnicity: Hispanic Non-Hispanic

Are You a Veteran? Yes No ;

Years of Service: ____ Location: _____

Gender: Male Female

Are you Disabled? Yes No

Marital Status: Single Married Divorced Separated Widow

My household type is....

- Single Adult Married Cohabiting Single female-headed household with dependents
 Single male-headed household with dependents Roommates/unrelated adults Living with non-spousal family members (parents, siblings, etc) Other: (specify) _____

Family household size: _____

Languages spoken (circle preferred language): 1. _____

2. _____

3. _____

of Dependents: _____ # of Dependents that are Disabled: _____

Household Composition:

Name	Relationship	Social Security #	Age	Date of Birth



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PART TWO: EMPLOYMENT STATUS

My Employment Status is:

- Employed Full-time
- Employed Part-time
- Employed seasonally
- Unemployed, receiving benefits
- Unemployed, receiving no benefits
- Self-employed
- Disabled, receiving benefits
- Retired
- Other (specify): _____

Employer: _____

Start Date: ____/____/____

Address: _____
Address City & State Zip

Work Phone: () - _____

PART THREE: HOUSING STATUS

My current housing status is:

- Renting – rent stabilized
- Renting – rent controlled
- Renting – SRO or hotel
- Renting – Section 8 or Public Housing
- Renting – other
- Homeless
- Homeowner (mortgage(s)/no mortgage)
- Living with family/friends
- Other (specify): _____

If renting,

I am the leaseholder: Yes No
 Current Lease Period: _____ to _____
 If no, relationship to leaseholder: _____ Last Lease Expired: ____/____/____

Current rent: \$ _____ per month/week Move-in Date: ____/____/____

I currently receive rental assistance subsidies: Yes No If yes, please specify: _____

I am facing a hardship due to one or more of the following (see table below): Yes No

<input type="checkbox"/> I cannot afford current rent due to: (circle) loss of income/medical debt/increase in rent/other _____	<input type="checkbox"/> I need repairs in my apartment/building	<input type="checkbox"/> I am being harassed
<input type="checkbox"/> I am facing eviction	<input type="checkbox"/> I am delinquent with my rent and need assistance (amount owed: _____)	<input type="checkbox"/> I am delinquent with utilities and need assistance (amount owed: _____)
<input type="checkbox"/> I am being overcharged	<input type="checkbox"/> My subsidy has been terminated or reduced	<input type="checkbox"/> Household discord Domestic violence in household: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Discord with neighbors	<input type="checkbox"/> Other (specify): _____	

Please specify the hardship affecting your housing below:



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PART FOUR: HOUSEHOLD INCOME & DEBTS/EXPENSES

Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not annual). If a field is not applicable, please leave it blank. This should include all Household members' income/debts information. Identify the name of each Household Member in the spaces provided.

Income Type	Name 1:	Name 2:	Name 3:
	Monthly Income (in Dollars)	Monthly Income (in Dollars)	Monthly Income (in Dollars)
1. Salary/Wage earnings			
2. Child support/Alimony			
3. Social Security			
4. Pension			
5. SSI income			
6. Disability Income			
7. Unemployment income			
8. Public Assistance Income			
9. Other:			
TOTAL:			
TOTAL COMBINED:			

Average Monthly Debts:	Name 1:	Name 2:	Name 3:
1. Rent	\$	\$	\$
2. Household Utilities (electric, gas, cable, phone) Total:	\$	\$	\$
3. Credit Cards (Total)	\$	\$	\$
4. Childcare/daycare	\$	\$	\$
5. Alimony / Child Support	\$	\$	\$
6. Medical debt	\$	\$	\$
7. Food	\$	\$	\$
8. Cell phone(s)	\$	\$	\$
9. Car payments	\$	\$	\$
10. Car insurance	\$	\$	\$
11. Transportation (metro card, Amtrak, other)	\$	\$	\$
12. Other:	\$	\$	\$
TOTAL:	\$	\$	\$
TOTAL COMBINED:	\$		



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Total Value, Liquid Assets COMBINED		Total Value, Hard Assets COMBINED:	
1. Stocks/Bonds/CDs:	\$	1. Owner Occupied Property Value:	\$
2. Savings Accounts:	\$	2. Investment Property Value:	\$
3. Checking Accounts:	\$	3. Other: _____	\$
4. other:	\$	4. Other _____	\$
TOTAL VALUE:	\$	TOTAL VALUE:	\$

PART FIVE: SERVICE NEEDS

Please select all service needs that apply:

Housing:

- Rent/maintenance arrears Harassment Repairs (apartment, building, both) SCRIE/DRIE Application or Renewal
- Subsidy(section 8) termination Lease issue Shareholder issue (circle one: - stock certificate - proprietary lease - other)
- Eviction (I have received an, circle one - eviction notice, -notice to cure, - notice of termination/nonrenewal, - notice of petition)
- MCI or other rent increase Building organizing Other (specify): _____

Consumer Debt:

- Credit card debt Medical debt Bankruptcy Student debt
- Judgment (specify): _____ Other (specify): _____

Estate Planning:

- Will Health Care Proxy Power of Attorney Trust Other _____

Public Benefits

- PA termination/change in budget Social Security Other

Other (specify):



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PART SIX: REPRESENTATIONS & DISCLOSURES

**** SIGNATURES REQUIRED ****

Please read carefully and sign in space provided:

I hereby represent that all information I have supplied in this form are to my knowledge true and accurate and that any changes in the information submitted herein will be immediately disclosed to HCC staff:

X _____
(signature)

Date: ____/____/____.

I agree to participate in HCC's counseling and education program(s) to help me with housing-related, credit debt, immigration, public benefits, rent subsidy issues and other issues I require services for. HCC offers housing, credit debt, public benefit, immigration, and other counseling services.

I understand that:

- The caseworker and I will discuss my credit history, financial situation, employment and family and household composition. I further understand that it may be necessary for the counselor to discuss this information with representatives of other firms and/or agencies to assist me in meeting my counseling goals.
- In order to provide free counseling services, HCC receives grants from a number of government and private foundation sources. These grants require quarterly, semi-annual, and/or or annual reports of clients' demographic and service needs information. I understand that the information I provide to HCC may be shared with these grantors to comply with reporting requirements.
- I may be referred to other services of another agency or agencies as appropriate, which may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me by either HCC or by any other agency or agencies.
- My personal information will be treated confidentially and will not be divulged to any party that is not directly concerned with and specifically authorized by me to have such information.

X _____
(signature)

Date: ____/____/____.