

3605 Long Beach Blvd. Ste. 302, Long Beach, CA 90807 2300 E. Katella Ave. Ste. 405, Anaheim, CA 92806 www.fhfca.org

(800) 466-3247 Fax: (562) 989-1836

## REQUIRED DOCUMENTS FOR RENTAL COUNSELING APPOINTMENT

<b>Appointment Date:</b>	Time:	
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#### **Please Note:**

- You MUST bring the following documents to your counseling session in order to receive counseling.
- You are REQUIRED to take everything out of its envelopes and remove ALL staples before arrival.
- You are REQUIRED to **Redact/Blackout** sensitive information.
  - Social Security #(s) or Last 4 digits of SSN(s), Alien Registration #(s), and Financial account number(s)
- 1. Two (2) most recent bank statements for all open accounts (Include all pages even if they are blank)
- 2. **Proof of any type of income** (For example, pay stubs, Y.T.D. profit & loss, unemployment award letter, disability, pension, retirement, Social security, children support or alimony, current unemployment pay stub, etc)
- 3. **Tax return, W2's, or 1099 form** (If you are self-employed, you must provide the last two years of tax returns)
- 4. Recent utility bills (bring one of each: electrical, gas, trash and water)
- 5. Most recent rental agreement (If available)
- 6. Client Intake form (Completed)
- 7. **Credit Report** (You can request a free copy online at <a href="www.annualcreditreport.com">www.annualcreditreport.com</a> or call 877-322-8228)

FILE/CLIENT ID #
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# **Personal Information 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 housing counseling, please talk to your housing counselor about arranging alternative accommodations.

How did you hear about our housing counseling age  ☐ Member of our staff ☐ Print/Television ad ☐ Friend/far	ty Organization	☐ Internet search ☐ Other (specify)
Part One. Yo	our Biographic and Demographic Informa	ation
Name 1:		Date:
Last Name Fir	st Name Middle Initial	
Address:		Home Phone:
Address and Apartment No	City & State Zip	
Email Address:		Cell Phone:
<b>Preferred Contact Method:</b> ☐ Cell Phone	☐ Home Phone ☐ Email	<b>Gender:</b> □ Male □ Female
		Date of Birth:
Race:   American Indian/Alaskan Native	☐ Asian ☐ African-American	Ethnicity:   Hispanic
$\square$ Native Hawaiian/Pacific Islander	$\square$ White $\square$ Biracial or Multiracial	☐ Non- Hispanic
☐ Other (specify)	$\square$ Decline to Answer	Are you a Veteran? $\square$ Yes $\square$ No
Marital Status: ☐ Single ☐ Married ☐ Di	ivorced $\square$ Separated $\square$ Widow	<b>Are you Disabled?</b> □ Yes □ No
Name 2:		Date:
	t Name Middle Initial	Date:
	t Name Middle Initial	Date:
Last Name First	t Name Middle Initial  City & State Zip	
Last Name First Address:		
Address:  Address and Apartment No  Email Address:  Relationship, to		Home Phone:
Address:  Address and Apartment No  Email Address:  Relationship to Co-Applicant:  Spouse Relationship to Co-Applicant:	City & State Zip	Home Phone:
Address:  Address and Apartment No  Email Address:  Relationship to Co-Applicant:  Spouse  First  Address and Apartment No	City & State Zip elative (specify)	Home Phone:
Address:  Address and Apartment No  Email Address:  Relationship to Co-Applicant:  Spouse	City & State Zip  elative (specify)  ther:	Home Phone:  Cell Phone:
Address:  Address and Apartment No  Email Address:  Relationship to	City & State Zip  elative (specify)  ther:	Home Phone:  Cell Phone:  Gender:  Male  Female
Address:  Address and Apartment No  Email Address:  Relationship to	City & State Zip  elative (specify) ther:  Home Phone Email	Home Phone:  Cell Phone:  Gender:  Male  Female  Date of Birth:
Address:  Address and Apartment No  Email Address:  Relationship to Co-Applicant:  Significant Other Other  Preferred Contact Method: Cell Phone  Race: American Indian/Alaskan Native  Native Hawaiian/Pacific Islander	City & State Zip  elative (specify)  ther:  Home Phone Email  Asian African-American	Home Phone:  Cell Phone:  Gender:

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Address

#### **Rental Counseling**

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My household type is.... ☐ Single Adult ☐ Married ☐ Cohabitating ☐ Single female-headed household with dependents ☐ Single male-headed ☐ Roommates/ unrelated ☐ Living with non-spousal ☐ Other: (specify) household with dependents adults family members (parents, siblings, etc) Family household size: Languages Spoken(Specify): Part Two. Your Employment Status Name 1's Employment Status ☐ Employed Full-time ☐ Employed Part-Time ☐ Employed Seasonally ☐ Unemployed, receiving benefits ☐ Unemployed, receiving no benefits ☐ Self-Employed  $\ \square$  Other (specify): ☐ Disabled, receiving benefits ☐ Retired Name 1 Dates of to **Employer: Employment:** Work Phone: Address: Address City & State Zip **Previous** Dates of to **Employer: Employment: Work Phone:** Address: City & State Address Zip Name 2's Employment Status ☐ Employed Full-time ☐ Employed Part-Time ☐ Employed Seasonally ☐ Unemployed, receiving benefits ☐ Unemployed, receiving no benefits ☐ Self-Employed ☐ Disabled, receiving benefits ☐ Retired ☐ Other (specify): Name 1 Dates of to **Employment: Employer:** Address: **Work Phone:** Address City & State Zip **Previous** Dates of to **Employer: Employment: Work Phone:** Address:

Zip

City & State

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# Part Three. Your Housing Status and Housing Goals

My current housing status is:  ☐ Renting/leasing ☐ Homeowner with mortgage(s) ☐ Homeowner (no mortgage debt) ☐ Homeless ☐ Boarder (renting) ☐ Living with family (renting/not renting) ☐ Other:					
Do you currently receive rental	assistance subsidies? $\ \ \square$ Yes $\ \square$ No $\ \ $ If yes, ple	ease specify:			
☐ Buy a home (pre-purchase c	-	<ul> <li>☐ Obtaining rental housing (continue to Part Four)</li> <li>☐ Get credit and budgeting counseling</li> </ul>			
☐ Transition from homelessne☐ ☐ Discuss a fair housing rights (continue to Part Four)	5 5	(continue to Part Four)			
	Part Four. Your Rental Informati	on			
If you are currently Renting, ho  I pay market rent  I am facing eviction  I am interested in filing a fair housing claim. Specify reason(s	☐ I receive a rent subsidy and/or public housing resident ☐ I am delinquent with my rent and need assistance	Months Check all that apply: ☐ I am a Section 8 recipient ☐ I am delinquent with utilities and need assistance			
Reason for difficulty:  ☐ Divorce ☐ Disability ☐ Other:	$\square$ Marital Separation $\square$ Decrease in income	☐ Increase in expenses ☐ Medical hardship			
Questions related to your cred  1. Are there any outstanding 2. Have you declared bankrup	judgments against you? 🗆 Yes 🗆 No	No □ I am currently in a bankruptcy plan. red through a deed-in-lieu? □ Yes □ No			

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Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

	Name 1		Name 2		
	Monthl	y Income	Monthly Income		
Income Type	Gross (Before	Net (After	Gross (Before	Net (After	
	Taxes/Deductions)	Taxes/Deductions)	Taxes/Deductions)	Taxes/Deductions)	
1. Salary/Wage Earnings	\$	\$	\$	\$	
2. Rental Income	\$	\$	\$	\$	
3. Child Support/Alimony	\$	\$	\$	\$	
4. Social Security	\$	\$	\$	\$	
5. Pension Income	\$	\$	\$	\$	
6. Dependent SSI Income	\$	\$	\$	\$	
7. Disability Income	\$	\$	\$	\$	
8. Unemployment Income	\$	\$	\$	\$	
9. Public Assistance Income	\$	\$	\$	\$	
10. Other:	\$	\$	\$	\$	
11. Other:	\$	\$	\$	\$	
Total:	\$	\$	\$	\$	
Total COMBINED Gross:	\$				
Total COMBINED Net:	\$				

	Average Monthly Debts	Name 1	Name 2
1.	Rent	\$	\$
2.	Car Payment(s)	\$	\$
3.	Car Insurance	\$	\$
4.	Credit Cards (Total)	\$	\$
5.	Childcare/Daycare	\$	\$
6.	Child Support/Alimony	\$	\$
7.	School Tuition	\$	\$
8.	Medical Debt:	\$	\$
9.	Transportation/Gas	\$	\$
10.	Student Loan Debt	\$	\$
11.	Cell Phone(s)	\$	\$
12.	Household Utilities – Water & Trash	\$	\$
13.	Household Utilities- Electric	\$	\$
14.	Household Utilities - Gas	\$	\$
15.	Food (Groceries +Eating Out)	\$	\$
16.	Other:	\$	\$
	Total:	\$	\$
	Total COMBINED Costs:	\$	

Now, refer to the previous p costs as added monthly cash below.	, age. Subtrac I on the right	t your . This	COMBINED represents you
Taking my con	nbined mont	nly ne	et income of
	\$		<u></u>
and subtractin	g my combir	ied m	onthly costs of
	\$		<u> </u>
equals	\$		_
I/we have	POSITIVE	or	☐ NEGATIVE
cash flow.			

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Total Value, Liquid Assets:			Total Value, Hard Assets:		
1.	Stocks/Bonds/CDs:	\$	1.	Owner Occupied Property Value	\$
2.	Savings Account:	\$	2.	Investment Property Value	\$
3.	Checking Accounts:	\$	3.	Other:	\$
4.	Other:	\$	4.	Other:	\$
Tot	al Value:	\$	Tot	al Value:	\$

Name 1 Signature:	Date:	Date:	
	<del>-</del>		
Name 2 Signature:	Date:		