

CLIENT INTAKE

NAME _____
(Last) (First)

STREET ADDRESS _____
Street City/Town Zip

PHONE # _____

	List all members in your household	Net Monthly Income	Military or Vet?	Race*	Hispanic Y/N	Date of Birth	M/F	Relation to you
1	Self							Self
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

***RACE Options**

W	White	AI	American Indian/Alaska Native
B	Black/African American	AI/W	American Indian/Alaska Native and White
B/W	Black and White	AI/B	American Indian/Alaska Native and Black
A	Asian	PI	Native Hawaiian/Pacific Islander
A/W	Asian and White	O	Other multi-racial or Unknown

Application Year 1
Household Net Monthly Income
 (All sources, after taxes)

 \$ _____

Application Year 2
Household Net Monthly Income
 (all sources, after taxes)

 \$ _____

Application Year 3
Household Net Monthly Income
 (all sources, after taxes)

 \$ _____

STAFF USE ONLY
 Income Category: _____

 Income and ID Verification Date:

 Staff Initials: _____

STAFF USE ONLY
 Income Category: _____

 Income and ID Verification Date:

 Staff Initials: _____

STAFF USE ONLY
 Income Category: _____

 Income and ID Verification Date:

 Staff Initials: _____