

INTAKE SHEET

I. General Information

Date: _____ Date of Last Service: _____

First Name: _____ MI _____ Last Name: _____

Date of Birth: _____ Gender: M _____ F _____

Home Address: _____

City/State/Zip: _____

ID Type: _____ ID Number: _____

Female Head of Household?

Number of Persons in Household: _____ Total Annual Household Income: \$ _____
(Documentation required)

II. Racial Characteristics (Must select one)

One Race

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander

Multi Race

- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- Amer. Indian/Alaskan Native & Black/African Amer.
- Other Multi-racial

Also Hispanic? (Per HUD, if you do not identify your racial background as belonging to any of the race group above, check "White" and indicate here also if you are of Hispanic ethnic background)

III. Household Income

Based on the household annual income and number of persons in the household information you provided above, circle one from the current income limits below that is the closest to your income yet above your income with the household size that matches yours:

Circle One

Household Size / Income Group	1	2	3	4	5	6	7	8
30%-LMI Extremely Low	\$15,050	\$17,200	\$19,350	\$21,500	\$23,250	24,950	\$26,700	\$28,400
50%-LMI Very Low	\$25,100	\$28,650	\$32,250	\$35,800	\$38,700	\$41,550	\$44,400	\$47,300
80%-LMI Low	\$40,150	\$45,850	\$51,600	\$57,300	\$61,900	\$66,500	\$71,100	\$75,650

Note: The income guidelines are updated by HUD annually. The agency using this Intake Sheet should update this information accordingly.

Official Use Only --- Eligibility Determination

- Eligible Not Eligible

Note: _____

Please make sure that the income information the client provided and the income level the client circled match the documentation

IV. Certification

Self Certify

I, _____, hereby certify that the Information provided above is accurate and true to the best of my knowledge. I understand that I will be held countable for providing false information.

Signature: _____ Date _____

Other Form of Certification

Certification Types: _____

Name of staff person processing this form (print) _____

Signature _____ Date: _____