

# 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: \_\_\_\_\_

SSN: \_\_\_\_\_ (Identity verification documentation required)  Female Head of Household?

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

## II. Racial Characteristics (Must select one)

<p><b><u>One Race</u></b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p>	<p><b><u>Multi Race</u></b></p> <p><input type="checkbox"/> American Indian/Alaskan Native &amp; White</p> <p><input type="checkbox"/> Asian &amp; White</p> <p><input type="checkbox"/> Black/African American &amp; White</p> <p><input type="checkbox"/> Amer. Indian/Alaskan Native &amp; Black/African Amer.</p> <p><input type="checkbox"/> Other Multi-racial</p>
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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 (Agency Representative must enter the current income limits in the table below before the client fills out this form)

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:

Current Federal Income Limits (Year \_\_\_\_\_)  
Circle One

Household Size / Income Group	1	2	3	4	5	6	7	8
<b>Extremely Low</b>								
<b>Low</b>								
<b>Moderate</b>								

*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

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

Eligible       Not Eligible      Note: \_\_\_\_\_

## 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 \_\_\_\_\_

*Note: All required information must be entered and all signatures must be affixed to this form to be in compliance with the regulations.*