

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><u>One Race</u></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><u>Multi Race</u></p> <p><input type="checkbox"/> American Indian/Alaskan Native & White</p> <p><input type="checkbox"/> Asian & White</p> <p><input type="checkbox"/> Black/African American & White</p> <p><input type="checkbox"/> Amer. Indian/Alaskan Native & 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
Extremely Low								
Low								
Moderate								

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.