



Counselor: PGW ___ SP ___
PHS ___ LF ___ SB ___

Intake Date: _____ Case #: _____ Mtge Loan #: _____

Note: This form is used for all telephone and in person intakes. This will determine if the participant meets the guidelines for different programs. The information is then entered into the MAAC Link database, in order to track the need for services and types of housing activities.

Client Information

Name (head of household)		M / F	_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth
Co-Applicant/Spouse		M / F	_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth
Current Address		City/State		Zip Code
(_____) _____ Home Telephone	(_____) _____ Mobile Phone	_____ Email address		

General Housing Questions

If not Jackson County, what county do you reside in: _____

Are you currently receiving rental assistance (Section 8)?
 Yes No

Do you currently rent or own?
 Rent Own Not Renting

If rent, how much is your current rent?
 Monthly Rent: _____

If own, how much is your current mortgage payment?
 Monthly Payment: _____

Are you or anyone in your household disabled?
 Yes No

How did you hear about Greater KC Housing Information Center?

Problem Identification: (Check all that apply)

Mortgage Default Rent Delinquency Utility Assistance Budget Counseling Landlord/Tenant Problems

Eviction Repairs Pre-Purchase Pre-Rental RLC MHDC HAKC Taxes Homeless

Housing Search Section 8 Assisted Living Private Weatherization: Referred to MAAC

Other (Identify) _____

Applicant (Head of Household)

Race: Black/African American, White, Asian, American Indian/Alaskan Native, Hawaiian/Pacific Islander, American Indian/Alaska Native & White, Asian & White, Black/African American & White, American Indian/Alaska Native & Black/African American, Other Multi-Racial and Unknown/Not Declared

Ethnicity: Hispanic, Non-Hispanic

Foreign Born: Yes, No

Veteran: Yes, No

Marital Status: Single, Divorced, Separated, Windowed, Married, Other

Education: Unknown, Below HS Diploma, HS or Equal, 2 Years College, Bachelor or Above

Co-Applicant

Race: Black/African American, White, Asian, American Indian/Alaskan Native, Hawaiian/Pacific Islander, American Indian/Alaskan Native & White, Asian & White, Black/African American & White, American Indian/Alaska Native & Black/African American, Other Multi-Racial and Unknown/Not Declared

Ethnicity: Hispanic, Non-Hispanic

Foreign Born: Yes, No

Veteran: Yes, No

Marital Status: Single, Divorced, Separated, Windowed, Married, Other

Education: Unknown, Below HS Diploma, HS or Equal, 2 Years College, Bachelor or Above

Household Composition

List information for all other household members and dependents residing at the same address.

NAME	DOB	SOCIAL SECURITY #	M	F

Number of people in household, including applicant(s) (Total Family Size) = _____

Household Income

Applicant's Monthly Income: \$ _____ Employer/Source _____ Date of Hire: _____

Co-Applicant's Monthly Income: \$ _____ Employer/Source _____ Date of Hire: _____

Other Household Member Income: \$ _____ Employer/Source _____ Date of Hire: _____

Other Income: \$ _____

Total Net Income: \$ _____

Annual Gross Income: \$ _____

Notice: If you need assistance with mobility, vision, or hearing impairments we can make a referral.

COUNSELOR NOTES:

Client Signature: _____ Date: _____

