



Greater Kansas City Housing Information Center

3200 Wayne Ave Kansas City, Mo. 64109

(816-931-0443)

Personal Information Client Intake Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

How did you hear about our housing counseling agency?

- Member of our staff
- Print/radio ad
- Religious or social organization
- Friend/family
- HUD
- Bank or mortgage servicer
- Internet search
- Other (specify) _____

Part One. Your Biographic and Demographic Information

Name 1:

Last Name First Name Middle Initial

Date:

Address:

Address and Apartment No City & State Zip

Home Phone:

Cell Phone:

Email Address:

- Work Email
- Personal Email

Gender:

- Male
- Female

Preferred Contact Method:

- Cell Phone
- Work Phone
- Home Phone
- Email

Best time to be reached:

Social Security #

Date of Birth:

Race:

- American Indian/Alaskan Native
- Asian
- African-American
- Native Hawaiian/Pacific Islander
- White
- Biracial or Multiracial
- Other (Specify) _____
- Decline to Answer

Ethnicity:

- Hispanic
- Non-Hispanic

Are you a Veteran?

- Yes
- No

Are you Disabled?

- Yes
- No

Marital Status:

- Single
- Married
- Divorced
- Separated
- Widow

Name 2:

Last Name First Name Middle Initial

Date:

Address:

Address and Apartment No City & State Zip

Home Phone:

Cell Phone:

Email Address:

- Work Email
- Personal Email

Gender:

- Male
- Female

Relationship to Co-Applicant:

- Spouse
- Significant Other
- Relative (specify): _____
- Other: _____

Best time to be reached:

Social Security #

Date of Birth:

Race:

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FILE/CLIENT ID #: _____

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My household type is....

- Single Adult
 - Married
 - Cohabiting
 - Single female-headed household with dependents
 - Single male-headed household with dependents
 - Roommates/ unrelated adults
 - Living with non-spousal family members (parents, siblings, etc)
 - Other (specify): _____
- Family household size: _____ Languages Spoken (specify): _____

Part Two. Your Employment Status

Name 1's Employment Status

- Employed Full-time
- Employed Part-Time
- Employed Seasonally
- Unemployed, receiving benefits
- Unemployed, receiving no benefits
- Self-Employed
- Disabled, receiving benefits
- Retired
- Other (specify): _____

Name 1
Employer: _____
Address: _____
Address City & State Zip

Dates _____ **to** _____
of Employment: _____
Work Phone: _____

Previous
Employer: _____
Address: _____
Address City & State Zip

Dates _____ **to** _____
of Employment: _____
Work Phone: _____

Name 2's Employment Status

- Employed Full-time
- Employed Part-Time
- Employed Seasonally
- Unemployed, receiving benefits
- Unemployed, receiving no benefits
- Self-employed
- Disabled, receiving benefits
- Retired
- Other (specify): _____

Name 2
Employer: _____
Address: _____
Address City & State Zip

Dates _____ **to** _____
of Employment: _____
Work Phone: _____

Previous
Employer: _____
Address: _____
Address City & State Zip

Dates _____ **to** _____
of Employment: _____
Work Phone: _____



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Part Three. Your Housing Status and Housing Goals

My current housing status is:

- Renting/leasing Homeowner with mortgage(s) Homeowner (no mortgage debt)
 Homeless Boarder (renting) Living with family (renting/not renting)
 Other: _____ Do you currently receive rental assistance subsidies? Yes No If yes, please specify: _____

My housing goal is to...*check all that apply:*

- Buy a home (pre-purchase counseling) Prevent foreclosure Obtaining rental housing
 Transition from homelessness Obtain a reverse mortgage Get credit and budget counseling
 Discuss a fair housing rights violation Obtain emergency utility assistance Other Service

Part Four. Your Rental and Mortgage Information

If you are currently renting, how long have you been renting? Years Months. Check all that apply:

<input type="checkbox"/> I pay market rent	<input type="checkbox"/> I receive a rent subsidy and/or public housing resident	<input type="checkbox"/> I am a Section 8 recipient
<input type="checkbox"/> I am facing eviction	<input type="checkbox"/> I am delinquent with my rent and need assistance	<input type="checkbox"/> I am delinquent with utilities and need assistance
<input type="checkbox"/> I am interested in filing a fair housing claim. Specify reason(s):		

If you own your property, do you have a mortgage? YES NO. If YES, please answer the questions below.

My mortgage data		
	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
Mortgage servicer name		
Loan Number	<input type="checkbox"/> I don't know #	<input type="checkbox"/> I don't know #
Loan Balance	<input type="checkbox"/> I don't know \$	<input type="checkbox"/> I don't know \$
Interest Rate	<input type="checkbox"/> I don't know %	<input type="checkbox"/> I don't know %
Monthly Principal and Interest Payment (excluding taxes and insurance).		
Private Mortgage Insurance (PMI) payment	\$	\$
Fixed or Adjusting Interest Rate?	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know
Date you made your last payment:		
Past Due Amount:	\$	\$
Have you previously applied for a loan modification or forbearance? If "yes," please provide details on the outcome of your previous foreclosure prevention effort here:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Default:	<input type="checkbox"/> Divorce <input type="checkbox"/> Disability <input type="checkbox"/> Marital Separation <input type="checkbox"/> Decrease in income <input type="checkbox"/> Increase in expenses <input type="checkbox"/> Medical Hardship <input type="checkbox"/> Other	



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Please provide additional remarks about your hardship here:

Has your hardship ended?

Yes No

Do you have the ability and willingness to resume mortgage payments? Yes No

If "No," you seeking an alternative outcome, such as a deed-in lieu of foreclosure or short sale? Explain.

Questions related to your credit history:

1. Are there any outstanding judgments against you? Yes No

2. Have you declared bankruptcy within the past seven years? Yes No I am currently in a bankruptcy plan.

3. Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? Yes No

Part Five. Your Income, Debt, and Average Monthly Expenses

Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

Income Type	Name 1		Name 2	
	Monthly Income		Monthly Income	
	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
1. Salary/wage earnings	\$	\$	\$	\$
2. Rental Income	\$	\$	\$	\$
3. Child support/Alimony	\$	\$	\$	\$
4. Social Security	\$	\$	\$	\$
5. Pension Income	\$	\$	\$	\$
6. Dependent SSI income	\$	\$	\$	\$
7. Disability income	\$	\$	\$	\$
8. Unemployment Income	\$	\$	\$	\$
9. Public assistance income	\$	\$	\$	\$
10. Other:	\$	\$	\$	\$
11. Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$
Total COMBINED Gross:	\$			
Total COMBINED Net:	\$			



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Average Monthly Debts	Name 1	Name 2
1. Rent	\$	\$
2. Mortgage (Principal and Interest)	\$	\$
3. Property Taxes, HOA, Insurance	\$	\$
4. Car Payment(s)	\$	\$
5. Car Insurance	\$	\$
6. Credit Cards (Total)	\$	\$
7. Childcare/daycare	\$	\$
8. Alimony/Child Support	\$	\$
9. School Tuition	\$	\$
10. Medical Debt:	\$	\$
11. Gas/Transportation	\$	\$
12. Household Utilities (Water, Electric, Gas, Trash, Landline, Cable)	\$	\$
13. Cell Phone(s)	\$	\$
14. Food (groceries + eating out)	\$	\$
15. Student Loan Debt	\$	\$
16. Tithing	\$	\$
17. Other:	\$	\$
Total:	\$	\$
Total COMBINED costs:	\$	

Now, refer to your COMBINED net income on the previous page. Subtract your COMBINED costs as added on the right. This represents your monthly cash flow. Complete the calculation below.

Taking my combined monthly net income of \$_____

and subtracting my combined monthly costs of \$_____

equals \$_____.

I/we have POSITIVE or NEGATIVE cash flow.

Total Value, Liquid Assets:		Total Value, Hard Assets:	
1. Stocks/Bonds/CDs:	\$	1. Owner Occupied Property Value:	\$
2. Savings Account:	\$	2. Investment Property value:	\$
3. Checking Accounts:	\$	3. Other:	\$
4. Other:	\$	4. Other:	\$
Total Value:	\$	Total value:	\$

Name 1 Signature: _____ Date: _____

Name 2 Signature: _____ Date: _____