

Manatee Community Action Agency, Inc. Housing Intake Form

| | | | | | | | | | | |
|--|---|-------------------|--|------------------|--|------------------------------|--|---|----------------------------|--------------------------------|
| Applicant Information: Application must be fully completed to be accepted for funding consideration | | | | | | | | | | |
| Applicant Name: | | | | | Age: | | Social Security #: | | Date of Birth: | |
| Home Address (include apartment #): | | | Town | State | | Zip Code | | How long have you lived in home: _____ | Where were you Born | Male: Female: |
| Mailing Address: | | | Do you receive: Subsidized Housing Section 8 Housing Assisted Living | | | Disabled: Yes No | | Veteran: Yes No | | |
| Home Telephone #: | | | Ethnicity: Hispanic Non-Hispanic | | # Household Adults: _____ Children: _____ | | Race (Choose as many as apply): White Asian Black/African American Native Hawaiian/Pacific Islander US Indian/Alaskan Native Other _____ | | | |
| Cellular Telephone #: | | | Education Level | | Marital Status: Sin ___ Mar ___ Div ___ Wi ___ Sep ___ | | | | | |
| Email address: | | | Attained: | | | | | | | |
| Housing: Own Rent Shelter At Risk Homeless Subsidized Other | Insurance: Medicare Private Medicaid None Self Insured | | | | | | | | | |
| Employment Income Information: List all income sources from employer for the past 3 months | | | | | | | | | | |
| Employer: Current/Recent | | | Telephone #: | | Employment Date From: | | Employment Date To: | | Hourly Wage: | |
| Employer Address: | | | Job Status: FT PT Temp Seasonal | | Pay Frequency: Daily Weekly Monthly Every other week Twice a month | | | Hours/Week: | | |
| Other income information: List all other income sources for the past 3 months | | | | | | | | | | |
| Source | How much? | How often? | Source | How much? | How often? | Source | | How much? | How often? | |
| Unemployment | | | TANF/Wages | | | Child Support | | | | |
| Social Security | | | Retirement | | | Other | | | | |
| SSI/SSDI | | | Pension | | | Other | | | | |
| Do you currently receive Food Stamps: Yes No How much Food Stamps _____ | | | | | | | | | | |
| Other Adult Household Member Information | | | | | | | | | | |
| Other Adult Household Member Name: | | | Disabled: Yes No | | Relationship to Applicant: | | Age: | Social Security #: | | Date of Birth: |
| | | | Veteran: Yes No | | Race: | Male Female | Ethnicity: Hispanic Non-Hispanic | | Education Level: | |
| Employment Income Information: List all income sources from employer for the past 3 months | | | | | | | | | | |
| Employer: Current/Recent | | | | | Telephone #: | | Hourly Wage: | | Hours/Week: | |
| Other income information: List all other income sources for the past 3 months | | | | | | | | | | |
| Source | How much? | How often? | Source | How much? | How often? | Source | | How much? | How often? | |
| Unemployment | | | TANF/WAGES | | | Child Support | | | | |
| Social Security | | | Retirement | | | Other | | | | |
| SSI/SSDI | | | Pension | | | Other | | | | |
| Other Adult Household Member Information | | | | | | | | | | |
| Other Adult Household Member Name: | | | Disabled: Yes No | | Relationship to Applicant: | | Age: | Social Security #: | | Date of Birth: |
| | | | Veteran: Yes No | | Race: | Male Female | Ethnicity: Hispanic Non-Hispanic | | Education Level: | |
| Employment Income Information: List all income sources from employer for the past 3 months | | | | | | | | | | |
| Employer: Current/Recent | | | | | Telephone #: | | Hourly Wage: | | Hours/Week: | |
| Other income information: List all other income sources for the past 3 months | | | | | | | | | | |
| Source | How much? | How often? | Source | How much? | How often? | Source | | How much? | How often? | |
| Unemployment | | | TANF/WAGES | | | Child Support | | | | |
| Social Security | | | Retirement | | | Other | | | | |
| SSI/SSDI | | | Pension | | | Other: | | | | |

| | | | | | |
|----------------|---------------------|-------------------------------------|-------|--------------------|----------------|
| Child #1 Name: | Gender: | Relationship to Applicant: | Age: | Social Security #: | Date of Birth: |
| | Disabled: Yes No | Ethnicity: Hispanic Non-Hispanic | Race: | Education Level: | |
| Child #2 Name: | Gender: | Relationship to Applicant: | Age: | Social Security #: | Date of Birth: |
| | Disabled: Yes No | Ethnicity: Hispanic Non-Hispanic | Race: | Education Level: | |
| Child #3 Name: | Gender: | Relationship to Applicant: | Age: | Social Security #: | Date of Birth: |
| | Disabled: Yes No | Ethnicity: Hispanic Non-Hispanic | Race: | Education Level: | |
| Child #4 Name: | Gender: | Relationship to Applicant: | Age: | Social Security #: | Date of Birth: |
| | Disabled: Yes No | Ethnicity: Hispanic Non-Hispanic | Race: | Education Level: | |

Please state why you are requesting assistance:

AUTHORIZATION

The information above is, to the best of my knowledge, true and complete. I understand that by signing this application, I give the agency the authority to verify the information provided on the application. I understand that my application is not considered complete until all supporting documentation is provided and I have met with a MCAA Specialist.

In order to provide these services at no charge to you, we must provide our funding sources with the information for all people who attend our programs. Please be advised that this information is strictly confidential and will not be shared with anyone.

Manatee Community Action Agency, Inc. and its funding sources collect your Social Security number for the following purposes: clarification of accounts, identification and verification, tracking, or qualification for grant under Section 119.07(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes. By signing below, I/We acknowledge receipt of the Social Security Number Collection Policy disclosure.

Applicants may not be excluded from program participation, be denied program benefits, or otherwise be discriminated against based on race, color, national origin, sex, disability, age, religion, or political belief.

I/We hereby authorize Manatee Community Action Agency, Inc. to release/exchange information from my records in order to assist me in resolving my situation. This information will be released only to those institutions, companies, and agencies that our organization believes can provide assistance in helping me.

I/We hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability under the provisions of Title 18, United States Code, and Section 1001.

Applicant Signature

Date:

Co-Applicant Signature

Date:

HOUSEHOLD BUDGET WORKSHEET

NAME: _____

DATE: _____

SIGNATURE: _____

| MONTHLY TAKE HOME INCOME | |
|---------------------------------|--|
| Salary/Wages/Business Draw | |
| Salary or Wages (Spouse) | |
| Social Security (REGULAR) | |
| Social Security (SSI/SSDI) | |
| Pension/Retirement | |
| Alimony/ Child Support | |
| Investment Dividends | |
| Unemployment | |
| Food Stamps | |
| Other | |
| Other | |
| TOTAL TAKE HOME INCOME | |

| MONTHLY LIVING EXPENSES | |
|---|--|
| Alimony/Child Support (outgoing) | |
| Auto Gas/Repair/Bus/Taxi | |
| Auto Insurance | |
| Cable TV/ Satellite Fees | |
| Cable/Phone/Internet Bundles | |
| Charitable Contributions | |
| Child Care | |
| Children's Activities | |
| Clothing Maintenance (Laundry Mat/Dry Cleaning) | |
| Clothing Purchases | |
| Electric Bill | |
| Entertainment/Recreation (Alcohol, Tobacco, Lottery, Hobbies, Movies/Rentals) | |
| Food (in-home/Groceries) | |
| Food (out of home-Coffee, Lunch, Dinner) | |
| Gas and Oil Bill | |
| Health and Dental Insurance | |
| Household items (soaps, paper towels, cleaning supplies) | |
| Internet Access | |
| Life and Disability Insurance | |
| Memberships (Health Club etc.) | |
| Personal Care (Grooming/Toiletries) | |
| Pets (Food, Shots, Litter, etc.) | |
| Prescriptions | |
| Property Services (Gardener, Pool) | |
| Security Services (Alarm) | |
| Subscriptions | |
| Telephone (Home) | |
| Telephone (Cell, Pager) | |
| Tuition and School Supplies | |
| Water Bill | |
| Other Expenses | |
| TOTAL MONTHLY LIVING EXPENSES | |

| SECURED DEBTS (Monthly Payments) | |
|--|--|
| Rent | |
| 1 st Mortgage | |
| 2 nd Mortgage | |
| Homeowner/Condo Fees | |
| Land Lease (Trailer Park, other) | |
| Auto Loans/Leases | |
| Auto Loans/ Leases | |
| Recreation (Boat, ATV, etc.) | |
| Property Taxes | |
| Mortgage Insurance (Home Owners Insurance) | |
| Rental Insurance | |
| Student Loans | |
| Other Loans | |
| Other Loans | |
| TOTAL SECURED DEBT | |

| OTHER DEBTS | |
|-------------------------------|--|
| Credit Card 1 | |
| Credit Card 2 | |
| Credit Card 3 | |
| Credit Card 4 | |
| Payday Loans | |
| Rent-to-Own (Babcock, Aarons) | |
| Medical Bill Payments | |
| Other | |
| TOTAL UNSECURED DEBT | |

| SUMMARY | |
|----------------------------------|--|
| Total Take Home (income) | |
| Total Living Expenses (-) | |
| Total Secured Debt Payments (-) | |
| Total Other Debt Payments (-) | |
| | |
| TOTAL (Balance Remaining) | |

Use this space for additional items not listed:

| | |
|--|--|
| | |
| | |
| | |
| | |

**1st Time Homebuyers Required Documents
Needed for Class**

ALL OF THE FOLLOWING DOCUMENTS MUST BE TURNED 1 WEEK PRIOR TO THE CLASS, OR YOU WILL NOT BE ENROLLED.

- 1) Application completely filled out and signed**
- 2) ID's for all adults living in the home**
- 3) Social Security Cards for everyone living in the Home**
- 4) Income (proof of 2 months income) SSI, SSDI, PENSION, FOOD STAMPS, CASH ASSISTANCE (TANF), PAY STUBS**
- 5) Budget form must be filled out and signed**

OPTIONAL: If clients would like to have a soft credit report pulled, there will be a charge: Single \$16.90, Couples \$33.00. This is a tri-merged report that will not affect your credit score. If you wish to have this done, you will need to fill out the credit request form and have a money order made out to MCAA.