

**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: _____
Mailing Address:		Do you receive: Subsidized Housing <input type="checkbox"/> Section 8 Housing <input type="checkbox"/> Assisted Living <input type="checkbox"/>		Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Telephone #:	Ethnicity:		# Household		Race (Choose as many as apply): White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> US Indian/Alaskan Native <input type="checkbox"/> Other _____ <input type="checkbox"/>
Cellular Telephone #:	Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>		Adults: _____ Children: _____		
Email address:	Education Level Attained:		Marital Status: Sin ___ Mar ___ Div ___ Wi ___ Sep ___		
Housing: Own <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> At Risk Homeless <input type="checkbox"/> Subsidized <input type="checkbox"/> Other <input type="checkbox"/>	Insurance: Medicare <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> Self Insured <input type="checkbox"/>				

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 <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal <input type="checkbox"/>	Pay Frequency: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Twice a month <input type="checkbox"/>		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 Name:	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>	Race:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Education Level:

Employment Income Information: List all income sources from employer for the past 3 months

Employer: Current/Recent	Telephone #:	Hourly Wage:	Hours/Week:
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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 Name:	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>	Race:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Education Level:

Employment Income Information: List all income sources from employer for the past 3 months

Employer: Current/Recent	Telephone #:	Hourly Wage:	Hours/Week:
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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 <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	
Child #2 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	
Child #3 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	
Child #4 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	Race:	Education Level:	

AUTHORITATION

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:

**HOUSING COUNSELING
FOR
FHA BACK TO WORK PROGRAM
APPOINTMENTS**

ALL OF THE FOLLOWING ITEMS ARE NEEDED

- 1) ID'S FOR ALL ADULTS
- 2) SOCIAL SECURITY CARDS FOR EVERYONE IN HOUSEHOLD
- 3) PROOF OF ALL HOUSEHOLD INCOME (PAYSTUBS 2 MONTHS) **CURRENT**, CHILD SUPPORT (IF YOU GET CHILD SUPPORT I NEED THE COURT ORDER AND THE PRINT OUT FROM THE STATE SHOWING WHAT YOU ARE GETTING, DISABILITY, VA, PENSION, AFDC, FOODSTAMPS, ETC.) **IF YOU ARE SELF EMPLOYED I WILL NEED A PROFIT & LOSS STATEMENT FOR 6 MONTHS**
- 4) PROOF OF **ALL ASSETS** (CASH, BANK ACCOUNTS, RETIREMENT PLANS, OR CREDIT UNION ACCOUNTS, ETC.)
- 5) BRING **ALL CURRENT BILLS THAT YOU PAY EVERY MONTH**. AND NOT JUST THE FRONT PAGES THE COMPLETE BILLS. (ELEC., WATER, CABLE, GAS, FOOD, PHONE, CELL PHONE, CAR, INSURANCES, CREDIT CARD BILLS, LOANS, MEDS, DOCTOR BILLS, ETC.
- 6) I WILL BE DOING A COMPLETE BUDGET FOR THE HOUSEHOLD THIS IS WHY I NEED TO KNOW YOUR BILLS AND INCOME
- 7) CLIENTS WILL NEED TO SHOW WHY AND WHEN DID THEY LOSS THE HOME. ALSO WHEN WAS THE FINAL CLOSING DATE? MUST BRING PAPER WORK TO VERIFY DATE.
- 8) MOST APPOINTMENTS ARE AT LEAST 1-2 HOURS, SOME HAVE BEEN LONGER DEPENDING ON THE CLIENT
- 9) PLEASE BE ON TIME FOR YOUR APPOINTMENT, ALSO HAVE ALL PAPER WORK AND DOCUMENTS NEEDED TO ASSIST YOU. **IF YOU CAN PLEASE MAKE COPIES**
- 10) I WILL ALSO NEED A STATEMENT FROM YOU EXPLAINING HOW YOU GOT BEHIND OR INTROUBLE WITH YOUR MORTGAGE (**HARDSHIP LETTER**)

**FOR ALL ITEMS LISTED BELOW:
PLEASE BRING COPIES**

- 11) BRING IN 2 MONTHS OF BANK STATEMENTS IF YOU ARE EMPLOYED, IF SELF EMPLOYED I NEED 4 MONTHS (CURRENT ONES) **ALL PAGES IF IT STATES 1 OF 4 I NEED ALL 4 PAGES.**
- 12) BRING IN PAST 2 YEARS INCOME TAX RETURNS WITH W-2 FORMS. IF SELF EMPLOYED, PROOF OF QUARTLY TAX PAYMENTS FOR THE LAST FOUR QUARTERS AND TWO YEARS SIGNED AND DATED INCOME TAX RETURNS.
- 13) A CREDIT REPORT WILL HAVE TO BE PULLED AND **THIS WILL COST \$16.90 FOR SINGLE OR \$33.80 FOR A COUPLE (PAYABLE TO MCAA) MONEY ORDERS ONLY**
THIS IS A TRI-MERGE REPORT (ALL THREE COMPANIES) AND IT IS ALSO A SOFT REPORT THAT WILL NOT EFFECT YOUR CREDIT SCORE

Credit Report Authorization

Applicant Name: _____
(Please print your name as it states on your State ID)

Address: _____

City, State, Zip: _____

Birth Date: _____

Social Security #: _____

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AUTHORIZATION

I/We hereby authorize Manatee Community Action Agency, Inc. to release/exchange information from my records in order to assist me in Micro Enterprise Development Program (MED). This information will be released only to those institutions, companies, and agencies that our organization believes can provide assistance in solving a mortgage default.

I/We hereby give permission to pull my (our) credit report for the purpose of my (our) application for assistance in regards to the program. All information will be kept confidential within the MED program and me. I further understand that the Manatee Community Action Agency, Inc. (MCAA) will be held harmless for information received in this credit report.

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 and/or criminal liability under the provisions of the Title 18, United States Code, and Section 1001.

I/We understand that MCAA and its representative are not legal authorities and will not be held liable for any legal actions resulting in my case.

Client/Applicant

Date

Co-Client/Applicant

Date