



**Tallahassee Urban League, Inc.
Housing Department**

**CONFIDENTIAL
Housing Counseling Program
Intake Data Sheet**

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Marital Status: _____ Sex: _____

Email: _____

Disability: Y ___ N ___ Health Insurance: Y ___ N ___

Race/Ethnicity: American Indian/Alaskan Native: _____ Asian Pacific Islander: _____

Black/Non-Hispanic ___ Hispanic: ___ White Non-Hispanic ___ Other: _____

Client Types:

- | | | |
|--|---|---|
| <input type="checkbox"/> Homeowner (mortgage paid off) | <input type="checkbox"/> Mortgage (mortgage on property) | <input type="checkbox"/> Potential Mortgager (wants to buy) |
| <input type="checkbox"/> Renter (occupies rental property) | <input type="checkbox"/> Potential Renter (wants to rent) | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> In Default | <input type="checkbox"/> In Foreclosure | <input type="checkbox"/> Eviction Notice |
| <input type="checkbox"/> Other (specify) | | |

Results of Counseling:

- | | | |
|---|--|---|
| <input type="checkbox"/> Obtain a HBCM | <input type="checkbox"/> Mortgage Foreclosed | <input type="checkbox"/> Occupied Permanent Housing for Handicapped |
| <input type="checkbox"/> Brought mortgage current | <input type="checkbox"/> Rental Alternative Housing | <input type="checkbox"/> Pre-approved Loan Modifications |
| <input type="checkbox"/> Forbearance Agreement | <input type="checkbox"/> Purchased Housing | <input type="checkbox"/> Avoided Eviction |
| <input type="checkbox"/> Mortgage assigned to HUD | <input type="checkbox"/> Decided not to Purchase | <input type="checkbox"/> Other |
| <input type="checkbox"/> Executed Deed-in-Lien | <input type="checkbox"/> Occupied "Transitional Housing" | |
| <input type="checkbox"/> Sold their Property | <input type="checkbox"/> Occupied "Emergency Shelter" | |

Please answer all of the following questions completely. Attach a separate sheet if needed for further information.

1. What is the nature of your visit today? _____
2. How Many persons are in your household? _____
3. Monthly Income \$ _____
4. Income Source (check all that apply): ___ Employment ___ Child Support ___ Social Security ___ Alimony ___ SSI ___ Rental Income ___ Unemployment ___ Other

Client Signature

Date

Office Use Only: Revised 01/21/2021

Counselor's Name _____ Counseling Date: _____

Start Time: _____ Stop Time: _____ Date Counseling Terminated: _____