

## Client Intake Form

**Information is to reflect the person that is filling the form out or the head of the household**  
(NR = No Response) and (N/A = Not Applicable)

### GENERAL INFORMATION (complete for all programs)

Applicant					
Last Name		First Name		Middle Initial	
Home Address					Unit Number
City		State			Zip Code
Email Address				Co-App Name	
Home Phone		Work Phone		Cell Phone	
Family Size	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <input type="checkbox"/> Single <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed				
Date of Birth	Age	Are you foreign Born? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you active military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Children under 18yrs	I have _____ children under 18 years.  Ages: _____		Preferred language spoken at home (check only one): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Italian <input type="checkbox"/> Chinese <input type="checkbox"/> Farsi <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> Swahili <input type="checkbox"/> French <input type="checkbox"/> Other _____		
General Information	Are you the head of household? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you female-head of household? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Have you received services from ULSDC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which service? _____		Are you proficient in the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Do you live in a rural area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NR Are you a 1 <sup>st</sup> time home buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are you 1 <sup>st</sup> generation home buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Have you owned a home in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Do you have the Housing Choice Voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Highest Education Level	<input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Below High School		<input type="checkbox"/> High School Diploma / GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates / Vocational		<input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters / Graduate School <input type="checkbox"/> Doctorate (PhD or MD)
Disabilities	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you require accommodations such a sign language interpreter, wheel chair accessibility, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No  What service: _____ Are there any other household members with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Household Type (Check only one)	<input type="checkbox"/> Single Adult <input type="checkbox"/> Married with children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Single Parent Household <input type="checkbox"/> Married without children <input type="checkbox"/> Two or more related adults				
Housing Arrangement (Check only one)	<input type="checkbox"/> Homeless <input type="checkbox"/> Renter - Subsidized <input type="checkbox"/> Renter - Unsubsidized <input type="checkbox"/> Rent Free <input type="checkbox"/> Homeowner <input type="checkbox"/> Other _____				
Income	Family/Household Total Income: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Self-employed: \$ _____ Hourly Rate: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <span style="float: right;">Per <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr</span>				
	<input type="checkbox"/> I am not currently working <input type="checkbox"/> I am unemployed receiving unemployment (EDD) <input type="checkbox"/> I am unemployed NOT receiving unemployment (EDD)				



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San Diego County

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The following information is requested by the Federal Government for certain types of loan applications and other programs, in order to monitor compliance with equal credit opportunity, federal civil rights laws, fair housing and home mortgage disclosure laws and for our own statistical monitoring. You are *not required* to furnish this information, but are encouraged to do so. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner. **All answers are kept strictly confidential.**

Race	<input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Other/Multiple Race <input type="checkbox"/> White	<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
Ethnicity	<input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaskan Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican <input type="checkbox"/> White <input type="checkbox"/> Other	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Is Hispanic?	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
How did you hear about us? The Urban League of San Diego County (ULSDC)	<input type="checkbox"/> Email Newsletter <input type="checkbox"/> Family <input type="checkbox"/> Online Search <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend <input type="checkbox"/> Virtual Counselor Network (VCN) - HOC	<input type="checkbox"/> Flyer / Card: _____ <input type="checkbox"/> Social Media: _____ <input type="checkbox"/> Event / Fair: _____ <input type="checkbox"/> Advertisement: _____ <input type="checkbox"/> Radio / TV: _____ <input type="checkbox"/> ULSDC Staff: _____ <input type="checkbox"/> Other Agency: _____	

## Housing Program Client Certification

Urban League of San Diego County collects personal information about the people we serve in a computer system CounselorMAX (CMAX). We collect and maintain client information in a private and secure computer system. People who work for ULSDC will use this information to help provide and track services for you or your family. This information may be shared with auditors or others who have legal rights to review the work of this agency, including private and public funders. All employees using the CMAX system must sign an agreement to protect your privacy before seeing any client information. Your private identifying information will never appear in reports.

I understand that information about services provided to me may be used to conduct research and reporting, related to service needs, income supports, education and employment, and program effectiveness. The use of this information for research and reporting may last beyond the actual delivery of current services. My name, social security number or other information that would identify me personally **will never** appear on research or a report. I also understand that my phone number, email or address may be used by ULSDC to contact me about upcoming classes or regarding my progress toward my goals. ULSDC will always provide a method to opt out of calls or emails. My signature shows that I permit you to enter my personal information into CMAX and receive periodic contact from ULSDC via phone or email, with the option to opt out.

I grant to ULSDC, its representatives and employees the right to take photographs of me and my property in connection with the workshop subject. I authorize ULSDC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that ULSDC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I certify that all information supplied in this intake form is true and correct to the best of my knowledge. I understand that false or misleading information may result in an incorrect analysis of my financial situation. I also understand that at the completion of this program I am not guaranteed the purchase of a home, refinance or receive a mortgage workout.

Client Signature	Date
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I certify that I have reviewed all disclosures on this page with the client whose signature appears above and have answered all questions the client has had regarding the content of these disclosure.

ULSDC Staff Signature	Date
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**PLEASE READ THOROUGHLY. SIGNING BELOW, CONFIRMS YOU HAVE READ AND UNDERSTAND ALL OF URBAN LEAGUE OF SAN DIEGO COUNTY (ULSDC) FINANCIAL COACHING DISCLOSURES STATEMENTS BELOW. IN ADDITION, BY PARTICIPATING IN ANY OF OUR PROGRAMS, YOU ARE CONSIDERED OUR CLIENT AND WILL BE REFERRED TO AS OUR CLIENT.**

1. ULSDC provides information and education on numerous loan products, housing programs and other programs. ULSDC provides the following services: Education (financial literacy, homebuyer education, post-purchase workshops), Counseling (pre-purchase & post-purchase counseling including Foreclosure Counseling, Youth Education & Employment Training, Work Readiness, Elderly Health Access and Civic Engagement. The information that is received from the ULSDC in no way obligates our client(s) to choose any particular product(s) or housing program that is presented.
2. ULSDC may refer client (s) to other services provided by the organization, another agency or agencies as appropriate that may be able to assist with my particular concerns that have been identified. I also understand that I am not obligated to use any of the services offered to me.
3. ULSDC Housing and Financial Capabilities Program has financial relationships with outside funders. ULSDC client(s) are not obligated to use any of the services provided by their funders. ULSDC Financial Capabilities Program Funders include: National Urban League: (HUD Comprehensive Housing Counseling), Wells Fargo Bank, Union Bank, JP Morgan Chase, Citibank, Citigroup, CALHFA & Private Donations.
4. I understand that ULSDC submits aggregated data of client-level information to funders and third parties. Where they are allowed to open files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation. I give permission for ULSDC funders administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
5. ULSDC provides Housing and Financial Capabilities coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other assistance agencies or other ULSDC programs/services as appropriate. I also understand that I am not obligated to follow any of the recommendations or use any of the services offered to me.
6. Client (s) are expected to FULLY PARTICIPATE in the Financial Coaching process and follow up with their action plan.
7. IF client (s) do not provide ALL requested documents in a timely manner; within 5 business days, the file will NOT be sent to the Lender as they do not accept incomplete packets.
8. ULSDC will make reasonable efforts to conduct a verbal follow-up within 60 days of no client contact. If unsuccessful, after two attempts to conduct a verbal follow-up with client, ULSDC will write an email or letter to client requesting a response from the client. If ULSDC does not hear back from the client, ULSDC will close the case and no further attempt of contact will be made.
9. Client (s) acknowledges that they have received a copy of ULSDC Privacy Policy. I understand that I may opt-out must be recorded in my client file.
10. Coaches may answer questions and provide information, but not give legal advice. If our client(s) want legal advice, they will be referred out to another agency for appropriate assistance. Client(s) are encouraged to promptly consult with service providers, agencies, organizations, or any other legal referral sources to which the client(s) have been referred to follow-up on their potential legal issues.
11. Client (s) understand that if they need service in a language other than English or Spanish; they are welcomed to ask for our Referral Translation Service Form.
12. ULSDC reserves the right to update or change our service delivery model, and will do our best to keep you apprised of these changes.

I understand that by signing, and dating this form, the client(s) acknowledges that, they have read and understand what this document is stating.

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date