

Family to Family Fund Intake Form

Client Name(s): _____ **Date:** ___/___/___

DOB _____ **DOB** _____ **County/Twp:** _____

Current Address: _____ **Social:** _____

Yrs There: _____ **Social:** _____

Marital Status: Married Divorced Separated Single **Ethnic Background:** _____

Home Phone: (814) _____ - _____ **Cell:** (814) _____ - _____ **Yrs of Education:** _____

Secondary Contact: Name: _____ **Number:** (814) _____

Vet: yes no **Handicapped:** yes no **Diabetic:** yes no

Household and Children:

_____ Age _____ Age _____
_____ Age _____ Age _____
_____ Age _____ Age _____
_____ Age _____ Age _____

Household Income Sources, Per Month: Assets: Checking \$ _____ Savings \$ _____

Employment \$ _____ Company: _____ Title _____ Yrs _____

Employment \$ _____ Company: _____ Title _____ Yrs _____

Other Income \$ _____ Source _____ Recipient _____

Other Income \$ _____ Source _____ Recipient _____

Total Monthly Household Income \$ _____ per MONTH

Monthly Mort Payment: _____ **Tax / Insurance:** _____ **Home Value:** _____

Mortgage owed (FIX/ARM): _____ **(Lender/Status):** _____

Second mortgage (FIX/ARM): _____ **(Lender/Status):** _____

Project Description:

Client Release: I declare that, to the best of my knowledge, all information that I have made available and documented above is true and factual. Furthermore, I understand that this information will be computerized and that this information may be made available to other participating agencies and institutions.

Are any of your requested repairs storm damage or flood related? Yes ___ No ___

Client Signature _____ **Date** ___/___/___

Client Signature _____ **Date** ___/___/___