

Motel to Home

Intake Document

Contact Information

Date: ____ / ____ / ____

Name: _____

Phone: (_____) _____

Email Address: _____

Preferred Method of Contact:

Phone

Email

Best Time to Contact: _____

Housing

How long have you been homeless? _____ years _____ months

Current Residence (Motel/Extended Stay): _____

Zip Code of Residence: _____

How long have you stayed at this residence? _____ years _____ months

Are you paying for your motel?

No

Yes

If yes, what are you paying weekly at the motel? \$ _____

Primary reason for motel being primary residence (ex. evictions, credit, income, criminal history, etc.): _____

Do you have any evictions on your record?

No

Yes

If yes, what year? _____

Do you have any outstanding bills in your name?

No

Yes

If yes, provide details: _____

Do you know your credit score?

580-669

670-739

740-799

800-850

Not sure

Have you ever been convicted of a felony?

No

Yes

If yes, what year? _____

If yes, was it a violent felony? _____

Family Composition

Total Number of Adults: _____

Total Number of Children: _____

Name, Age, Gender, and Relationship to Applicant of all **adults**:

Name	Age	Gender	Relationship to Applicant

Name, Age, Gender, and School of all **children**:

Name	Age	Gender	School Attended

Employment/Income

What type of employment does the Applicant have?

Full Time at _____

Part-Time at _____

Other: _____

None

Please check and **tell us the amounts** of all types of income that apply for Applicant:

SNAP/EBT Benefits: \$ _____

Earned Wages: \$ _____

SSI Benefits: \$ _____

Child Support: \$ _____

Other: _____

Total Amount of Income for Applicant only: \$ _____

Please check and **tell us the amounts** of all types of income that apply for other members of your household:

SNAP/EBT Benefits: \$ _____

Earned Wages: \$ _____

SSI Benefits: \$ _____

Child Support: \$ _____

Other: _____

Total Amount of Income for other members of household: \$ _____