

Help-a-House Program 2017

INTAKE FORM



202 N. Cottage Ave.
Goshen, IN 46528
574-533-4450 ■ 574-533-4399 fax

To be completed by the Participants only.
Please read the instructions carefully. **Use ink.**

APPLICANT

Name: _____

Present Address: _____

Home Phone Num. _____
Work Phone Num. _____
Social Sec. Num. _____
Date of Birth. _____

Gender: Male Female
Handicapped: Yes No
Single-parent household: Yes No
Veteran: Yes No

Race

- White Hispanic
 African-American Other
 Asian/P. Islander

Marital Status

- Single Married
 Separated Divorced
 Widowed

Education

- Below HS Bachelors Degree
 HS or equivalent Graduate Degree

CO-APPLICANT

Name: _____

Home Phone Num. _____
Work Phone Num. _____
Social Sec. Num. _____
Date of Birth. _____

Gender: Male Female
Handicapped: Yes No
Single-parent household: Yes No
Veteran: Yes No

Race

- White Hispanic
 African-American Other
 Asian/P. Islander

Marital Status

- Single Married
 Separated Divorced
 Widowed

Education

- Below HS Bachelors Degree
 HS or equivalent Graduate Degree

OTHER HOUSEHOLD MEMBERS

Please list all other occupants of your household (children, relatives, etc.) that are living with you:

| Full Name | Sex | Date of Birth | Relationship |
|-----------|-----|---------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

EMPLOYMENT / INCOME INFORMATION

■ Employment / Income of Applicant

Employer: _____
Address: _____ Phone Num: _____
Hire Date: _____ Hourly Rate/Salary: _____
Position: _____ Get Paid: _____ Weekly _____ By-Weekly _____

Income received from:
Social Security: _____
Disability: _____
Pension: _____
Child Support: _____

■ Employment / Income of Co-Applicant (if applicable)

Employer: _____
Address: _____ Phone Num: _____
Hire Date: _____ Hourly Rate/Salary: _____
Position: _____ Get Paid: _____ Weekly _____ By-Weekly _____

Income received from:
Social Security: _____
Disability: _____
Pension: _____
Child Support: _____

Are any adult household members (18 years of age, and older) who are not full time students, not working? _____

Has any adult household member (18 years of age, and older) been recently laid off? (if yes, please explain) _____

MORTGAGE AND HOME EQUITY LINES OF CREDIT

■ MORTGAGE. Complete this part ONLY if you currently have a mortgage on your home.

Name of Mortgage Company: _____
Current Balance: _____ Interest Rate: _____
Monthly Payment: _____ Does it include Taxes & Insurance? _____
Are you current on the payment of property taxes? _____ Are you currently under a loan modification or forbearance agreement? _____
Have you refinanced your mortgage in the last 24 months? _____ If you have refinanced, did you cash out any equity? _____

■ EQUITY LINE OF CREDIT. Complete this part ONLY if you currently have a line of credit.

Name of Mortgage Company: _____
Balance: _____ Interest Rate: _____
Monthly Payment: _____ What is the limit of your line of credit? _____

LIQUID FUNDS / SAVINGS / INVESTMENTS Please list the approximate value:

Checking/Savings Account \$ _____ Retirement Account \$ _____
Name of Financial Institution _____ Name of Financial Institution _____

HOUSING

Please answer the following questions:

| | |
|---|---|
| Was your home built before 1978? _____ | What is the current appraised value of your home? _____ |
| When did you buy your home? _____ | Is your house located in the Historical District? _____ |
| How much do you pay for Property Taxes (yearly)? _____ | How much do you pay on Home Owners Insurance? _____ |
| Are there any lead-base paint issues known? _____ | What is the name of your insurance company? _____ |
| Are you aware if there has ever been a fire on your home? _____ | Are you located in a flood plain area? _____ |
| Have you received assistance from Help-A-House before? _____ | Have you received rehab assistance from any other local/regional agency before? _____ |
| Is your home a manufactured home? _____ | Is your home a mobile home? _____ |
| Do you have any mobility problems related to, or around the home? _____ | How much (average) do you spend on your monthly utility bills (electric and gas)? _____ |

REHABILITATION PRIORITY LIST

Please mark what are the home repairs you believe you need

PRIORITY 1. HEALTH AND SAFETY

- A. _____ Moisture intrusion (including mold assessment and remediation as needed)
- B. _____ Installation of combination audible/visual smoke alarms in accordance with the State Building Code
- C. _____ Non-functioning furnace
- D. _____ Combustion appliance health/safety issues and code violations
- E. _____ Electrical system hazards and building code violations
- F. _____ Plumbing deficiencies and building code violations, including sewer
- G. _____ Urgent aging-in-place modifications (i.e. access to entry door, rehab for necessary medical equipment)
- Please explain: _____

PRIORITY 2. STRUCTURAL

- H. _____ Roof issues – defective roof covering, decking, structural issues, flashing, gutters
- I. _____ Structural component and foundation issues
- J. _____ Various Structural issues such as:
- Pest infestation
 - Interior walls and ceilings (repaired as part of lead hazard control measures or structural issue)
 - Doors (repaired/replaced as part of lead hazard control or structural/security issue)
 - Porches/sidewalks
 - Windows (repaired/replaced as part of lead hazard control or structural/security issue)

PRIORITY 3. AGING IN PLACE IMPROVEMENTS

- K. _____ Accessibility improvements not already addressed in health and safety.

PRIORITY 4. ENERGY

- L. _____ HVAC deficiencies identified by an energy audit
- M. _____ Insulation and air sealing measures identified by an energy audit

MISCELLANEOUS ITEMS. After all other priorities have been addressed and if funding available:

- N. _____ Window and door replacement (not addressed under structural criteria)
- O. _____ Floor coverings (not addressed under criteria for another priority)
- P. _____ Siding (not addressed under lead hazard criteria)

LIABILITIES / DEBT

Please list any debt you have, including credit cards, auto loans, student loans (even those in deferment), and child-care expenses. DO NOT include mortgage payment or utilities.

| Type of Debt: | Current Balance | Monthly Payment |
|---------------|-----------------|-----------------|
| 1. | | |
| 2. | | |
| 3. | | |

Use additional sheets if necessary.

| Type of Debt: | Current Balance | Monthly Payment |
|---------------|-----------------|-----------------|
| 4. | | |
| 5. | | |
| 6. | | |

Are there any outstanding judgments against you? Yes No

Do you have any liens (other than a mortgage) against you? Yes No

Are you currently in **Chapter 13 Bankruptcy**? Yes No

Have you filed for **Chapter 7 Bankruptcy**? Yes No

If yes, when did it begin? _____

If yes, when was it discharged? _____

If yes, when will it be paid off? _____

Do you have any **Collections** unpaid? Yes No

Warning: If you knowingly or deliberately make a false statement on this form, you may be subject to Civil or criminal penalties under Section 1001 of Title 18 of the United States code.

I/We hereby certify that the above information is true and complete to the best of my/our knowledge and that I/we have listed the total income received by every member of the household during the past 12 months. **I/We hereby authorized LaCasa of Goshen, Inc. to make any inquiries necessary to verify the information submitted with this application.** This may include, but not be limited to review of my/our credit history, running title searches and/or reviewing Property Tax information.

NOTICE: Participation in LaCasa's Counseling Program is free and open to the public. I/We understand that in addition to LaCasa's role as a Counseling Agency, LaCasa also holds and sells properties and may provide loans. While information about properties, loans and grants may be made available, participation in these programs is not required for receiving counseling services.

Signature (Applicant)

Signature (Co-Applicant)

Date

Date

All Owners of Record Must Complete and Sign this InTake Form.

By completing this form you are not guaranteed assistance. You **MUST** provide supporting documentation such as, but not limited to proof of ownership and proof of income and assets. Approval for Help-A-House depends on the availability of funds.

NAME OF PERSON PREPARING FORM IF OTHER THAN ABOVE:

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Signature

Date

LaCasa, Inc. is a HUD-Approved Counseling Agency.
All of our Counseling Sessions are offered free of charge.



An equal housing opportunity