

# Help-a-House Program 2018

## 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  
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 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 / Source of 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 / Source of Income of Co-Applicant and/or other household members**

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)?	\$ _____
Is your home single-family?	_____		

## 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.	\$	\$

Type of Debt:	Current Balance	Monthly Payment
4.	\$	\$
5.	\$	\$
6.	\$	\$

*Use additional sheets if necessary.*

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. Properties located in a flood zone may not be eligible for assistance.

**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*