

# Help-A-House<sup>SM</sup> Program

2020

Intake



This intake must be completed in its entirety. Please read instructions carefully. Use ink.

## HEAD OF HOUSEHOLD

Name \_\_\_\_\_

Address: \_\_\_\_\_ Years living at this address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Can we text you? Yes No Gender: Male Female

Email: \_\_\_\_\_ Handicapped: Yes No

Last 4 SSN: \_\_\_\_\_ Single-parent household: Yes No

Date of Birth: \_\_\_\_\_ Veteran: Yes No

Race	Ethnicity	Marital Status	Education
White	Hispanic	Single	Below high school
Black/African Am.	Not Hispanic	Married	High School / Equivalent
Asian	Chose not to respond	Separated	Associate Degree
Other			Bachelor's Degree
Chose not to respond			Graduate Degree

## HOUSEHOLD CO-APPLICANT

Name \_\_\_\_\_

Phone #: \_\_\_\_\_ Can we text you? Yes No Gender: Male Female

Email: \_\_\_\_\_ Handicapped: Yes No

Last 4 SSN: \_\_\_\_\_ Single-parent household: Yes No

Date of Birth: \_\_\_\_\_ Veteran: Yes No

Race	Ethnicity	Marital Status	Education
White	Hispanic	Single	Below high school
Black/African Am.	Not Hispanic	Married	High School / Equivalent
Asian	Chose not to respond	Separated	Associate Degree
Other			Bachelor's Degree
Chose not to respond			Graduate Degree

**OTHER HOUSEHOLD MEMBERS**

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

Full Name	Gender	Date of Birth	Relationship

**HEAD OF HOUSEHOLD INCOME**

Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Frequency of pay? \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Do you receive Social Security Benefits? Yes No What's the amount? \_\_\_\_\_

Do you receive Disability Benefits? Yes No What's the amount? \_\_\_\_\_

Do you receive a Pension? Yes No What's the amount? \_\_\_\_\_

Do you receive Child Support? Yes No Amount and frequency? \_\_\_\_\_

**CO-APPLICANT INCOME**

Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Frequency of pay? \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Do you receive Social Security Benefits? Yes No What's the amount? \_\_\_\_\_

Do you receive Disability Benefits? Yes No What's the amount? \_\_\_\_\_

Do you receive a Pension? Yes No What's the amount? \_\_\_\_\_

Do you receive Child Support? Yes No Amount and frequency? \_\_\_\_\_

**OTHER HOUSEHOLD INCOME**

Household Member \_\_\_\_\_ Name of employer: \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Frequency of pay: \_\_\_\_\_

Other Income/benefit? Yes No Amount & frequency? \_\_\_\_\_

Household Member \_\_\_\_\_ Name of employer: \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Frequency of pay: \_\_\_\_\_

Other Income/benefit? Yes No Amount & frequency? \_\_\_\_\_

## INFORMATION ABOUT YOUR HOME

When did you buy your home? _____	Do you have a mortgage? _____
Is your home under your name? _____	What's the balance? _____
Was your home built before 1978? _____	Are you current with your mortgage payments? _____
Is your home located in a flood plain area? _____	How much is your mortgage payment? _____
Is your home located in a Historical District? _____	Does it include taxes and insurance? _____
What is the appraised value of your home? _____	Are you current with the payment of property taxes? _____
Are there any lead-based paint issues known? _____	How much do you pay in property taxes? _____
Are you aware if there has ever been a fire on your home? _____	How much do you pay in home owner's insurance? _____
Have you received Help-A-House assistance before? _____	What's the name of your home owner's insurance company? _____

## REHABILITATION PRIORITY LIST

Help-A-House<sup>SM</sup> Program follows the following priority rehab process. If any items from the first two priorities are discovered in the initial inspection, they must be addressed in the rehabilitation scope. The third and fourth priorities are given the second consideration. Please include a checkmark next to the home repairs you need, then write an explanation of how that situation has developed at your home at the bottom of each section.

**Priority 1.** These include items which affect the safety and accessibility of the occupants.

\_\_\_\_\_ Electrical system                      \_\_\_\_\_ Gas lines  
\_\_\_\_\_ Heating system                      \_\_\_\_\_ Modifications for handicap accessibility

Briefly describe the issues with Priority 1 items checked:

**Priority 2.** These include items which affect the structural integrity and energy efficiency of the house

\_\_\_\_\_ Roof                                      \_\_\_\_\_ Plumbing leaks that damage the structure of the house  
\_\_\_\_\_ Foundation                              \_\_\_\_\_ Insulation

Briefly describe the issues with Priority 2 items checked:

**Priority 3.** These include items which affect the value of the neighborhood

- |                      |                           |
|----------------------|---------------------------|
| _____ Roof           | _____ Soffits and Gutters |
| _____ Siding         | _____ Exterior Painting   |
| _____ Windows        | _____ Sidewalks           |
| _____ Exterior Doors | _____ Driveways           |

Briefly describe the issues with Priority 3 items checked:

**Priority 4.** These include major systems which make the house more livable

- |                |                  |
|----------------|------------------|
| _____ Heating  | _____ Electrical |
| _____ Plumbing |                  |

Briefly describe the issues with Priority 4 items checked:

<b>SIGNATURES &amp; AUTHORIZATION</b>	<b>*all owners of record must sign*</b>
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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 authorize Lacasa, Inc. to make any inquiries necessary to verify the information submitted with this application.** This may include, but not be limited to review my/our credit history, running title searches, and/or reviewing property tax information.

**I/We understand that by completing this form we are not guaranteed assistance.** I/We will provide all supporting documentation such as but not limited to proof of ownership of the home and proof of income. I/We understand that approval for Help-A-House<sup>SM</sup> also depends on the availability of funds.

Signature (applicant) _____	Date _____	Signature (co-applicant) _____	Date _____
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Name of person preparing the Intake if other than above:

Name & Date _____	Phone Number _____	Relationship to App/ Co-applicant _____
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*Lacasa works with individuals and community partners to create opportunity for personal empowerment, family stability and neighborhood vitality.*

[www.lacasainc.net](http://www.lacasainc.net)  
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Lacasa, Inc. is a HUD-approved housing counseling agency

