

Greenville County Human Relations Commission

Initial Intake Form for New Clients



- Services Requested:**
 First time home buyer
 Foreclosure prevention
 Eviction from rental
 Attending a workshop
 Discrimination (Fair Housing)
 Landlord Tenant Complaint
 Affordable rent housing
 High Cost Loan
 Reverse Mortgage
 Homeless services
 ESG
 Other _____

Name: _____ Date of Birth: _____
(First/Middle Initial/Last) (Last four of SS#)

Spouse's Name: _____ Date of Birth: _____
(First/Middle Initial/Last) (Last four of SS#)

Address: _____ Apt: _____

City/State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Referred by: _____

Gender: Male Female **Size of Household** Number of Adults (18 and over) ____ Number of Children ____

Marital Status: Single Married Divorced Widow/Widower Separated **Ethnicity:** Hispanic Not Hispanic

Race: American Indian/Alaskan Native Asian Black/African American White

Multiple Races: American Indian/Alaska Native and White Black/African American and White Asian and White
 American Indian/Alaska Native and Black/African American Other Multiple Race (specify) _____

Female Head of Household: Yes No Senior Citizen (55 or older): Yes No Veteran: Yes No

Disable (optional): Yes No Type of Disability (optional): Physical Mental Chronic

Highest Education Level: Less than high school High school diploma GED Vocational Certificate
 Some college, no degree Associates degree Bachelor's degree Master's degree Above Masters

Household Income

Gross monthly income # 1 \$ _____ list income source _____ (salary, child support, SSI, SS, Pension, etc.)

Gross monthly income #2 \$ _____ list income source _____ (salary, child support, SSI, SS, Pension, etc.)

Total Gross Monthly Income \$ _____ Employer name _____

Are you currently banking with a Credit Union or Bank? Yes No Are you currently saving on a regular basis? Yes No

Health Insurance Coverage: Adult: Yes No Don't Know Refused Children: Yes No Don't Know Refused

Current housing status: Live with parents Renting Homeowner Shelter/Homeless Other

Landlord name _____ Mortgage company name _____

Date of occupancy or purchase date _____

Are you interested in purchasing a home in Greenville City? Yes No

Have you experienced any form of HOUSING DISCRIMINATION in the last six months? Yes No

For Mortgage Delinquency/Default/Foreclosure Clients ONLY:

1) Lender Name _____ 2) Loan account number _____

- Reduction in income Medical Issues Death of family member Poor budget management skills) Increase in expenses
 Business venture failed Loss of income Divorce/Separation Increase in loan payment Other _____

Client Acknowledgment

I certify that the information given above is correct and true to the best of my knowledge. I understand that information I have provided is confidential and will only be used for the purposes of client tracking and record-keeping, and will NOT be distributed to any third party without my express written consent.

Client Signature: _____ Date: _____