



FAMILY SERVICES CENTER
21450 GIBRALTER DRIVE
SUITE 1
PORT CHARLOTTE, FL
33952
PHONE: 941-613-3244
EXT 1775
FAX: 941-527-0379

Please answer ALL questions in the application .
Incomplete applications cannot be processed.
Please sign all pages of the application at the bottom.
Thank you.

APPLICANT'S INTAKE APPLICATION

Applicant:

First Name: _____ Middle: _____ Last Name: _____

Address: _____ County: _____

Home Phone: _____ Cell Phone: _____ Place of Birth: _____ Race: _____

Marital Status: _____ D/O/B: / / SS#: _____ Email: _____

Hispanic: Y N Gender: M F Veteran: Y N Disabled: Y N

Preferred Language: _____ Highest Level of Education: _____

Are you the Owner of the Home: Y N Number of People Living in the Home: _____

Dependents – over 18: _____ Dependents – under 18: _____

Co-Applicant:

First Name: _____ Middle: _____ Last Name: _____

Cell Phone: _____ D/O/B: / / SS#: _____ Email: _____

Marital Status: _____ Relationship to Applicant: _____ Race: _____

Hispanic: Y / N US Citizen: Y / N Gender: M / F Veteran: Y / N Disabled: Y / N

Preferred Language: _____ Highest Level of Education: _____

✓ _____
Applicant's Signature

**I CERTIFY THIS INFORMATION
TO BE TRUE AND CORRECT.**

✓ _____
Co-Applicant's Signature

*In order to provide these services at no charge to you, we must provide our funding sources with the information for all people who attend our programs.
Please be advised that this information is strictly confidential and will not be shared with anyone. Thank you.*



A Non-Profit, HUD-Approved Housing Counseling Agency

EMPLOYMENT INFORMATION

Employer Name: _____ Address: _____

Phone: _____

Start Date: _____ End Date: _____ Position Title: _____ Unemployed: Y N

Annual Gross Income: \$ _____

Co-Applicant Employer Name: _____ Address: _____

Phone: _____ Cell: _____

Start Date: _____ End Date: _____ Position Title: _____ Unemployed: Y N

Annual Gross Income: \$ _____

MORTGAGE OR RENTAL INFORMATION

Total Monthly Mortgage/ Rent Payment: \$ _____ Mortgage Principal Balance: \$ _____

Number of Days Past Due: Current 30-60 61-90 91-120 120+ Lender's Name: _____

Acct # _____ Type of Loan (FHA, Conventional, Adjustable) _____ Original Loan Date: _____

Have you filed Bankruptcy: Y _____ N _____ If yes, what is the discharge date: __/__/__

Other Information:

Other Agencies you have contacted for assistance: _____

What was the outcome? _____

Who referred you to COMPREHENSIVE HOUSING RESOURCES? _____





MY HOUSING ASSISTANCE ACTION PLAN GOALS

I understand all issues discussed with my Counselor are confidential in nature.

I understand my Counselor will not discuss my case with anyone other than me or other staff at CHR helping with my file.

I understand my Action Plan may change as my case progresses.

I agree and accept the goals being set by me and my Counselor and outlined in my ACTION PLAN at this time.



(Client Signature)

(Counselor Signature)