



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

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? _____