

Worker Initials: _____

Housing Conservation Coordinators Client Intake Form

Please fill out form completely or you WILL NOT BE SEEN

Please complete the following questions. Be as specific as possible. If any lawyer has assisted you in the matter you are now seeking our legal assistance, you must inform us about this so we can check for any possible conflicts of interest. If you do not mention any other attorney assistance, we will presume no one has provided assistance to you before on this legal matter. All information provided is confidential and cannot be shared with anyone without your consent.

Last Name: _____ First Name: _____ M _____

Address: _____ Phone: (h) _____

Zip code: _____ Apt. _____ (w) _____

E-mail: _____ (cell) _____

What is the best way to reach you (ex: "home phone: leave message")? _____

Social Security Number: _____ Date of Birth: ____/____/____

Mo.

PA Number (if any): _____

Day Year

Sex: Male Female

Do you have a roommate? Yes / No (circle one)

If yes, how much does he/she pay a month? \$ _____

May we leave messages at all of the above numbers or e-mails indicating that we are calling from Housing Conservation Coordinators? Yes No

Monthly Rent \$ _____

Move in date ____/____/____

Name of Landlord _____

Name of Managing Agent _____

Address of Landlord _____

Phone Number of Landlord _____

Type of Housing: **(please check one)** Rent Stabilized Rent Controlled HDFC Coop

Section 8 Mitchell Lama Other: _____

Additional Contacts:

Name: _____ Relationship: _____

Phone: _____

HCC maintains income guidelines to ensure we provide legal services to those individuals who cannot otherwise afford a private attorney. We need to keep records as to how many of our clients are income eligible. The guidelines are as follows: (circle one)

Household Size	Total Household Income Limit
1	\$35,000
2	\$38,750
3	\$42,500
4	\$46,250
5	\$50,000
6	\$53,750
7	\$57,500
8	\$61,250

Do you fall within our income limit guidelines? Yes No

Do you have children under 18 living with you fulltime? Yes No

Are you a senior citizen (62 years or over)? Yes No

Do you have any unusual circumstances or expenses that should be considered before we determine whether you are income-eligible for our services? If so, please briefly describe them below:

Children (or other individuals who reside in the apartment):

Name Age Social Security Number Relationship

IMPORTANT NOTICE: You must provide proof of **total income** for all family members that have income to be able to obtain our representation. We cannot help you unless we know your household income.

TOTAL HOUSEHOLD INCOME

\$ _____ per month \$ _____ per year

Source (examples: work, government benefits) _____

Proof (examples: pay stub, tax returns, assistance letter) _____

Do you have a lease? Yes No

Are you the tenant on the lease? Yes No
If not, who is the tenant on the lease? _____

How did you hear about HCC? _____

HAVE YOU WORKED WITH ANYONE AT HCC IN THE PAST? Yes / No (circle one)

If so, with whom have you worked? _____

Affirmation

“I have read this Intake Form and certify that it is complete and accurate to the best of my knowledge.”

X _____
(Signature)

X _____
(Print Name)

Date _____