



Case # \_\_\_\_\_ Ward # \_\_\_\_\_ Tract # \_\_\_\_\_

# RENTAL INTAKE FORM

## Client Information

First Name:
Last Name:
Date of Birth:        /        /
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone: (     )        -
Mobile Phone: (     )       -
Best number to reach client: <input type="checkbox"/> Home <input type="checkbox"/> Mobile
Email Address:

## Household Demographics:

Race ( <i>check only one</i> ):	
<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White <input type="checkbox"/> Native Hawaiian or other Pacific Islander  <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian / Alaskan Native and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Black or African American <input type="checkbox"/> Black or African American and White  <input type="checkbox"/> White
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to Respond	
Preferred Language:	Other Language:
Are you Limited English Proficient? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Household Type ( <i>check only one</i> ):	
<input type="checkbox"/> Single Adult <input type="checkbox"/> Female-Headed Single Parent Household <input type="checkbox"/> Male-Headed Single Parent Household <input type="checkbox"/> Other Household Type ( <i>describe</i> ): Number of People in Household: _____	<input type="checkbox"/> Married without Dependents <input type="checkbox"/> Married with Dependents <input type="checkbox"/> Two or More Unrelated Adults  Number of Dependents: _____
Highest Education Level ( <i>check only one</i> ):	
<input type="checkbox"/> No H.S. Diploma <input type="checkbox"/> H. S. Diploma <input type="checkbox"/> GED Diploma	<input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College - Never Graduated <input type="checkbox"/> Associates Degree
<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate	
Are you Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes

Revised January 2018



**Property information**

Property Address:	City, State ZIP:	County:
Type of Property: <input type="checkbox"/> Single Family <input type="checkbox"/> 2-Unit <input type="checkbox"/> 3-Unit <input type="checkbox"/> 4-Unit <input type="checkbox"/> 5 or more Units		
Are you behind on your rent?	How many months?	
How did you hear about SCH?		

**Service Request**

Product Type:		
<input type="checkbox"/> City Ordinance (RLTO)	<input type="checkbox"/> Rental Assistance (IDHS)	<input type="checkbox"/> Credit Check
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Rental Assistance (EFSP)	<input type="checkbox"/> Background Check
<input type="checkbox"/> Apartment Search	<input type="checkbox"/> Security Deposit	<input type="checkbox"/> City Lead Safe
<input type="checkbox"/> Eviction Process	<input type="checkbox"/> Eviction Notices	<input type="checkbox"/> LIHTF
<input type="checkbox"/> Lease	<input type="checkbox"/> Notarized Letter	<input type="checkbox"/> Utility Assistance
<input type="checkbox"/> Fair Housing	<input type="checkbox"/> Illegal Lockout	<input type="checkbox"/> Inspection Information
<input type="checkbox"/> Apartment Listing	<input type="checkbox"/> Housing Choice Voucher (Section 8)	<input type="checkbox"/> Referral: _____
<input type="checkbox"/> CHA General	<input type="checkbox"/> CHA Senior Application	<input type="checkbox"/> Other: _____

**Household Annual Income:**

<input type="checkbox"/> \$0.00 - \$15,000	<input type="checkbox"/> \$15,001 - \$30,000	<input type="checkbox"/> \$31,000 - \$45,000	<input type="checkbox"/> \$46,000 - \$60,000	<input type="checkbox"/> \$61,000 +
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I hereby authorize and instruct Spanish Coalition for Housing (hereinafter SCH) to use this information for the sole purpose of assisting with my housing needs and retain information for compliance to different programs and funders. I acknowledge that I have received the Disclosure Statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Case # \_\_\_\_\_

## **Spanish Coalition for Housing Privacy Policy**

Spanish Coalition for Housing is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

### **Types of information that we gather about you**

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

### **You may opt-out of certain disclosures**

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 773-933-7575, 773-342-7575 or 312- 850-2660 and do so.

### **Release of your information to third parties**

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# SPANISH COALITION FOR HOUSING

## BUDGET / PRESUPUESTO

Name: \_\_\_\_\_ Case:# \_\_\_\_\_

Monthly Income / Ingresos Mensual	Gross/Grueso	Net/Neta	How Often / Frecuencia: Mark an X			
			Weekly (Semanal)	Every 2 Weeks (Cada 2 Semanas)	Twice a Month (2 veces al Mes)	Monthly (Mensualmente)
Applicant Salary / Salario						
Co Applicant Salary / Salario						
Public Aid / Ayuda Publica						
Social Security/ Seguro Social / SSI						
Add'l Income/ Otro Ingresos						
Total Family Income / Ingresos Total Familiar						

Monthly Expenses / Gastos Mensuales	Amount / Cuenta
Mortgage or Rent / Hipoteca o Renta	\$
Home Insurance / Seguro de Casa (If not included in payment)	\$
Property Taxes / Impuestos de Propiedad (If not included in payment)	\$
Natural Gas-Oil	\$
Electricity / Luz	\$
Water-Sewer / Agua	\$
Telephone: Basic / Básico	\$
Telephone: Cell / Celular	\$
Food / Comida	\$
Personal Care – Clothing / Ropa	\$
Auto: Payment / Pago	\$
Auto: Gasoline / Gasolina	\$
Auto: Insurance / Seguro	\$
Auto: Maintenance / Mantenimiento	\$
Transportation/Transportación: CTA, Metra, Taxi	\$
Insurance / Seguro: Medical, Life / Medica, Vida	\$
Education / Escolares	\$
Alimony, Child Support / Pensiones Alimenticias, Pensiones Infantiles	\$
Internet	\$
Entertainment/Entretenimiento: Cable	\$
Entertainment/Entretenimiento: Restaurant / Restaurantes	\$
Entertainment/Entretenimiento: Movies / Películas	\$
Miscellaneous Expenses	\$
Other (specify) / Otro:	\$

### CREDIT ACCOUNTS / CUENTAS DE CREDITO

Acct # # de Cuenta	Open / Close Abierta / Cerrada	Balance	Monthly Payment Pago Mensual	In Collection En Colección

Total Family Income Available/ Ingresos Total Familiar Disponible \$ \_\_\_\_\_

Total Expenses / Gastos Total \$ \_\_\_\_\_

Income After Expenses / Ingresos Después de Gastos \$ \_\_\_\_\_



**Client Name:** \_\_\_\_\_

**SCH Housing Counselor:** \_\_\_\_\_

**SCH CLIENT AUTHORIZATION FOR HOME COUNSELING AGENCY**

I would like to participate in your counseling sessions to help me address my housing needs. I understand that my housing counselor may discuss information about my credit history, financial situation, employment and other information with me and with other representatives of financial institutions, or agencies, as necessary to assist me in improving my personal circumstances. My information will be treated as totally confidential and that NO information about me will be discussed with anyone not directly involved in our efforts to address my housing needs.

I hereby authorize my housing counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to address my housing needs, and to release and /or credit, financial, employment and other information to address my housing needs. It is expressly understood that the housing counselor may make recommendations, it is my option to work with the real estate agent and /or attorney and/or other representative(s) of my choosing, and the housing counseling agency will work with such representative in assisting me to address my housing situation.

It is further understood that in consideration of the housing counseling agency's assistance with my housing needs. I agree to hold harmless the housing counseling agency and its agents and /or employees from any and all claims or causes of actions arising, or which may arise, from mistakes, errors or omissions in regards to aid counseling.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

## DISCLOSURE STATEMENT

This Disclosure Statement is provided by **Spanish Coalition for Housing** ("Grantee") to all clients seeking counseling services from Grantee.

### **Complete list of services provided by Grantee, in addition to counseling:**

Foreclosure Prevention. Financial Literacy Counseling and Workshops. Pre-purchase Counseling and Workshops. Post-purchase Counseling. LIHEAP Energy Assistance. Weatherization. Homeless Prevention. Landlord Training & Technical Assistance. Rental Counseling. CHA Diversity Outreach. Reverse Mortgage Counseling (HECM) and referrals to other related programs.

### **Description of any financial relationships between Grantee and any other industry partners:**

Spanish Coalition for Housing receives grants or sponsorships from the following financial institutions: Associated Bank. Baird & Warner Companies. Bank of America. BMO Harris Bank, CIBC {formerly the Private Bank}, Citibank, COUNTRY Financial. Devon Bank. Fifth Third Bank. First Midwest Bank, First Savings Bank of Hegewisch. Freddie Mac. Huntington National Bank, JP Morgan Chase. Liberty Bank for Savings, Marquette Bank. Mutual of Omaha Mortgage, National Association of Real Estate Professionals - Chicago Chapter, PNC Bank, State Farm, U.S. Bank. Wells Fargo, and Wintrust Financial Corporation. The organization is also funded by Unidos US, the Illinois Housing Development Authority, the Chicago Housing Authority, and the City of Chicago Department of Housing.

**As a client of Grantee, you are not obligated to receive any other services offered by Grantee or its industry partners (as identified above).**

Grantee certifies that its staff and volunteers who will provide housing and/or financial counseling under the Grant have no conflict(s) of interest due to any other relationships with industry partners (whether identified above or not) that may stand to benefit from particular financial counseling outcomes.

Spanish Coalition for Housing:



Signature of Authorized Representative

Joseph Lopez, Executive Director  
Printed Name and Title

\_\_\_\_\_  
Date