



RENTAL INTAKE FORM

Client Information:	
First Name:	
Last Name:	
Date of Birth: / /	SS#:
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 (check only one):	
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> American Indian / Alaskan Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native and Black/African American
<input type="checkbox"/> Asian and White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Black or African American and White
<input type="checkbox"/> Other:	<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? No Yes	

Household Type (check only one):		
<input type="checkbox"/> Single Adult	<input type="checkbox"/> Married without Dependents	
<input type="checkbox"/> Female-Headed Single Parent Household	<input type="checkbox"/> Married with Dependents	
<input type="checkbox"/> Male-Headed Single Parent Household	<input type="checkbox"/> Two or More Unrelated Adults	
<input type="checkbox"/> Other Household Type (describe):		
Number of People in Household:	Number of Dependents:	
Highest Education Level (check only one):		
<input type="checkbox"/> No H.S. Diploma	<input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> H. S. Diploma	<input type="checkbox"/> Some College - Never Graduated	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> GED Diploma	<input type="checkbox"/> Associates 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	

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?		





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 Income:

- \$0.00 - \$15,000 \$15,001 - \$30,000 \$31,000 - \$45,000 \$46,000 - \$60,000 \$61,000 +

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: _____

Insurance Source:

- Medicaid Medicare Uninsured

Health:

Are you interested in connecting with a primary care provider and meeting with our Community Health Worker for additional assistance?

Yes

No





CASE # _____

BUDGET

Monthly Income	Gross	Net	How Often: (Mark an X)			
			Weekly	Every 2 Weeks	Twice a Month	Monthly
Applicant's Salary						
Co-applicant's Salary						
Public Aid						
Social Security						
Add'l Income						
Total Family						

Monthly Expenses	Amount
Mortgage or Rent	\$
Home Insurance	\$
Property Taxes	\$
Natural Gas-Oil	\$
Electricity	\$
Water-Sewer	\$
Telephone: Basic	\$
Telephone: Cell	\$
Food	\$
Personal Care	\$
Auto: Payment	\$
Auto: Gasoline	\$
Auto: Insurance	\$
Auto: Maintenance	\$
Transportation: CTA, Metra, Taxi	\$
Insurance: Medical, Life	\$
Education	\$
Alimony, Child Support	\$
Internet	\$
Entertainment: Cable	\$
Entertainment: Restaurant	\$
Entertainment: Movies	\$
Miscellaneous Expenses	\$
Other (specify):	\$

CREDIT ACCOUNTS

Account #	Open/Close	Balance	Monthly Payment	In Collection

Total Family Income:
Total Expenses:
Income After Expenses:





CASE # _____

COUNSELING AGREEMENT (AUTHORIZATION FORM)

Applicant Name: _____

Co-applicant name: _____

1. I understand that Spanish Coalition for Housing provides HUD certified housing counseling and housing stability counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
2. I understand that Spanish Coalition for Housing receives Congressional funds through the Housing Stability Counseling Program (HSCP), and as such, is required to submit client level information to the online reporting system and share some of my information with HSCP administrators or their agents for purposes of program monitoring, compliance, follow-up and evaluation.
3. I give permission for HSCP administrators and/or their agents to follow-up with me between now and June 30, 2026, for the purpose of program evaluation. I understand that I may opt-out this requirement, but proof of my opt-out must be recorded in my client file.
4. As part of my action plan, I/We hereby authorize Spanish Coalition for Housing and/or its assigned agents to order a consumer credit report on me/us and discuss my/our current situation with appropriate creditors and other professionals. Spanish Coalition for Housing and its agents may obtain any or all documentation or information that they request for financial assessment and submission into their programs. No other use of my/our credit information is authorized by me/us.
5. I may be referred to other services of the organization or another agency for agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand that Spanish Coalition for Housing agent provides information and education on numerous loan products and housing programs and I further understand that the counseling I receive from Spanish Coalition for Housing agents in no way obligates me to choose any of these particular products or programs.
8. By signing below, you acknowledge you have received a copy of Spanish Coalition for Housing's privacy policy and Disclosure Statement to participate in this program.

____ I Choose to Opt Out

Signature: _____

Date: _____





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 and signature on the Housing Stability Counseling Program Counseling Authorization Agreement. 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.

____| Choose to Opt Out

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:** _____





CASE # _____

DISCLOSURE STATEMENT

This Disclosure Statement is provided by **Spanish Coalition for Housing (SCH)** ("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.

I/we hereby verify that by signing this disclosure statement I/we confirm that I/we have read the above disclosed information and received a copy of the disclosure statement.

Applicant's Signature: _____ **Date:** _____

Spanish Coalition for Housing:

Signature of Authorized Representative

Joseph Lopez, Executive Director

Printed Name and Title

10/1/21

Date

