



# PARTICIPANT INTAKE

(This is for information purposes only and is not an application for services.)



DATE \_\_\_\_\_

## Type of Counseling Needed

- Budget/Credit   
  Foreclosure   
  Homeownership   
  Reverse Mortgage  
 IDA   
  Credit \$mart   
  Other \_\_\_\_\_

### I. PERSONAL DATA

Mr.    Mrs.    Ms.

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_ email: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

What is your marital status? \_\_\_\_Single \_\_\_\_Married \_\_\_\_Divorced \_\_\_\_Separated \_\_\_\_Widow \_\_\_\_Other

List co-participant information below (if applicable):

NAME	DATE OF BIRTH	RELATIONSHIP TO YOU
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1. \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: Male  Female

### II. DEMOGRAPHIC INFORMATION

#### What is your racial background?

\_\_\_\_Black \_\_\_\_White \_\_\_\_American Indian/Alaskan Native \_\_\_\_Asian/Oriental \_\_\_\_Pacific/Native Hawaiian

**Multi Race:** \_\_\_\_ Black and White \_\_\_\_ Asian and White \_\_\_\_ American Indian/Alaska Native and White  
\_\_\_\_ American Indian/Alaska Native and Black \_\_\_\_ Other multiple race \_\_\_\_ Chose not to respond

What is your Ethnicity? \_\_\_\_Hispanic \_\_\_\_Non-Hispanic \_\_\_\_Chose not to respond to this section

Are you Disabled?  Yes  No

Are you or your spouse currently in the military?  Yes  No

Were you or your spouse EVER in the military?  Yes  No

**II. DEMOGRAPHICS CONTINUED**

**Household Type?**

\_\_\_ Single head of Household    \_\_\_ Two-headed household    Household Size? \_\_\_\_\_

**Household Status?**

\_\_\_ Renter    \_\_\_ Potential Homeowners    \_\_\_ Homeowners    \_\_\_ Potential Renters    \_\_\_ Homeless

**What is the highest grade completed?**

\_\_\_ Elementary School    \_\_\_ Some High School    \_\_\_ High School Grad or GED Equivalent  
\_\_\_ Some College    \_\_\_ College Graduate    \_\_\_ Graduate/Professional School

**Do receive Section 8 Housing Assistance?**     Yes     No

**If yes, which Housing Authority?**     Campbell     Covington     Boone     Newport     Other

**Have you used the Brighton Center Volunteer Income Tax Assistance in the past?**     Yes     No

**Do you have health insurance through your employer?**     Yes     No

**II. EMPLOYMENT**

**1. Current Employer:** \_\_\_\_\_

\_\_\_\_\_

Street	City	State	Zip Code
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Phone: (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ Date of employment: \_\_\_\_\_ How Long? \_\_\_\_\_

Job Title: \_\_\_\_\_ **(please check):** Part-Time  or Full-Time  # of hrs? \_\_\_\_\_

**2. If employed for FEWER THAN TWO years at one place. List other employers below  
And on a separate sheet of paper if necessary:**

\_\_\_\_\_

Street	City	State	Zip Code
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Phone: (\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ Date of employment: \_\_\_\_\_ How Long? \_\_\_\_\_

Job Title: \_\_\_\_\_ **(please check):** Part-Time  or Full-Time  # of hrs? \_\_\_\_\_

**III. INCOME**

*All income must be documented for household members over age 18*

TYPE	Before-tax Monthly	After-tax Monthly	Before-tax Monthly	After-tax Monthly
	Participant	Participant	Co-Participant	Co-Participant
Wages				
Self-employment income				
Alimony / Child Support				
Overtime / Bonus				
Social Security/Disability/ Public Assistance (AFDC)				
Other income (such as pension)				
<b>TOTAL INCOME</b>				

If you receive disability income, is it for a permanent disability?       Yes       No

Do you have a savings account?     Yes     No    Where? \_\_\_\_\_

Do you have a checking account?    Yes    No    Where? \_\_\_\_\_

Do you have a student loan?    Yes    No    If so, how many? \_\_\_\_\_

Are they current?     Yes     No    Are the payments deferred?    Yes     No

Have you ever filed for Bankruptcy?     Yes     No

If "yes", when \_\_\_\_\_    What type?     Chapter 7     Chapter 13

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

**MONTHLY BUDGET WORKSHEET**

Jan./Feb./Mar./Apr./May/June/July/Aug./Sept./Oct./Nov./Dec. (Year \_\_\_\_\_ )

<b><u>Current Living Expenses</u></b>	<b><u>Past Due</u></b>
_____ Rent/Mortgage	_____
_____ Heat & Utilities	_____
_____ Cell Phone/Landline	_____
_____ Internet/Cable	_____
_____ Sewage/Water (qtrly. _____)	_____
_____ Auto Loan	_____
_____ Auto Insurance (6mos. _____)	
_____ Vehicle Tax (KY _____)	
_____ Gas	<b><u>Unpaid Debt</u></b> (i.e.: medical bills/credit cards/etc.)
_____ Food (groceries)	<b><u>Name</u></b> <b><u>Min.Pay.</u></b> <b><u>Total Balance</u></b>
_____ Household Expenses (hygiene items, etc.)	_____
_____ Health/Dental Insurance	_____
_____ Renter's Insurance	_____
_____ Life Insurance	_____
_____ Child Care	_____
_____ Entertainment (fast food, movies, etc)	_____
_____ Savings	_____
_____ Christmas	_____
_____ Other ( _____ )	_____
_____ Other ( _____ )	_____
_____ Other ( _____ )	_____
_____ <b>TOTAL</b>	<b>Total Outstanding Debt = _____</b>
	<b>Paid Outstanding Debt = _____</b>

\_\_\_\_\_ **TOTAL MONTHLY INCOME**

**Amount** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Source/s** ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

\_\_\_\_\_ **TOTAL MONTHLY EXPENSES**

( -/+ ) \_\_\_\_\_ **DIFFERENCE** (Income \_\_\_\_\_ - (subtract) Expenses \_\_\_\_\_ = \_\_\_\_\_)

**Beginning Credit Score = \_\_\_\_\_ End Credit Score \_\_\_\_\_**