

## Step Up Suncoast, Inc Housing Intake Form

<b>Applicant Information: Application must be fully completed to be accepted for funding consideration</b>										
Applicant Name:					Age:	Social Security #:		Date of Birth:		
Home Address (include apartment #):			Town	State	Zip Code	How long have you lived in home: _____		Where were you Born		Male: Female:
Mailing Address:			Do you receive: Subsidized Housing Section 8 Housing Assisted Living			Disabled: Yes No		Veteran: Yes No		
Home Telephone #:			Ethnicity: Hispanic Non-Hispanic		# Household Adults: _____ Children: _____		Race (Choose as many as apply): White Asian Black/African American Native Hawaiian/Pacific Islander US Indian/Alaskan Native Other _____			
Cellular Telephone #:			Education Level Attained:		Marital Status: Sin ___ Mar ___ Div ___ Wi ___ Sep ___		Housing: Own Rent Shelter At Risk Homeless Subsidized Other Insurance: Medicare Private Medicaid None Self Insured			
Email address:										
<b>Employment Income Information: List all income sources from employer for the past 3 months</b>										
Employer: Current/Recent			Telephone #:		Employment Date From:		Employment Date To:		Hourly Wage:	
Employer Address:			Job Status: FT PT Temp Seasonal		Pay Frequency: Daily Weekly Monthly Every other week Twice a month			Hours/Week:		
<b>Other income information: List all other income sources for the past 3 months</b>										
Source	How much?	How often?	Source	How much?	How often?	Source	How much?	How often?		
Unemployment			TANF/Wages			Child Support				
Social Security			Retirement			Other				
SSI/SSDI			Pension			Other				
Do you currently receive Food Stamps: Yes No How much Food Stamps _____										
<b>Other Adult Household Member Information</b>										
Other Adult Household Member Name:			Disabled: Yes No		Relationship to Applicant:		Age:	Social Security #:		Date of Birth:
			Veteran: Yes No		Race:	Male Female	Ethnicity: Hispanic Non-Hispanic		Education Level:	
<b>Employment Income Information: List all income sources from employer for the past 3 months</b>										
Employer: Current/Recent					Telephone #:		Hourly Wage:		Hours/Week:	
<b>Other income information: List all other income sources for the past 3 months</b>										
Source	How much?	How often?	Source	How much?	How often?	Source	How much?	How often?		
Unemployment			TANF/WAGES			Child Support				
Social Security			Retirement			Other				
SSI/SSDI			Pension			Other				
<b>Other Adult Household Member Information</b>										
Other Adult Household Member Name:			Disabled: Yes No		Relationship to Applicant:		Age:	Social Security #:		Date of Birth:
			Veteran: Yes No		Race:	Male Female	Ethnicity: Hispanic Non-Hispanic		Education Level:	
<b>Employment Income Information: List all income sources from employer for the past 3 months</b>										
Employer: Current/Recent					Telephone #:		Hourly Wage:		Hours/Week:	
<b>Other income information: List all other income sources for the past 3 months</b>										
Source	How much?	How often?	Source	How much?	How often?	Source	How much?	How often?		
Unemployment			TANF/WAGES			Child Support				
Social Security			Retirement			Other				
SSI/SSDI			Pension			Other:				

Child #1 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes No	Ethnicity: Hispanic Non-Hispanic	Race:	Education Level:	
Child #2 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes No	Ethnicity: Hispanic Non-Hispanic	Race:	Education Level:	
Child #3 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes No	Ethnicity: Hispanic Non-Hispanic	Race:	Education Level:	
Child #4 Name:	Gender:	Relationship to Applicant:	Age:	Social Security #:	Date of Birth:
	Disabled: Yes No	Ethnicity: Hispanic Non-Hispanic	Race:	Education Level:	

**Please state why you are requesting assistance:**

### AUTHORIZATION

The information above is, to the best of my knowledge, true and complete. I understand that by signing this application, I give the agency the authority to verify the information provided on the application. I understand that my application is not considered complete until all supporting documentation is provided and I have met with a MCAA Specialist.

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.

Manatee Community Action Agency, Inc. and its funding sources collect your Social Security number for the following purposes: clarification of accounts, identification and verification, tracking, or qualification for grant under Section 119.07(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes. By signing below, I/We acknowledge receipt of the Social Security Number Collection Policy disclosure.

Applicants may not be excluded from program participation, be denied program benefits, or otherwise be discriminated against based on race, color, national origin, sex, disability, age, religion, or political belief.

I/We hereby authorize Manatee Community Action Agency, Inc. to release/exchange information from my records in order to assist me in resolving my situation. This information will be released only to those institutions, companies, and agencies that our organization believes can provide assistance in helping me.

I/We hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability under the provisions of Title 18, United States Code, and Section 1001.

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

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

\_\_\_\_\_  
Co-Applicant Signature

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

## HOUSEHOLD BUDGET WORKSHEET

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MONTHLY TAKE HOME INCOME	
Salary/Wages/Business Draw	
Salary or Wages (Spouse)	
Social Security (REGULAR)	
Social Security (SSI/SSDI)	
Pension/Retirement	
Alimony/ Child Support	
Investment Dividends	
Unemployment	
Food Stamps	
Other	
Other	
<b>TOTAL TAKE HOME INCOME</b>	

MONTHLY LIVING EXPENSES	
Alimony/Child Support (outgoing)	
Auto Gas/Repair/Bus/Taxi	
Auto Insurance	
Cable TV/ Satellite Fees	
Cable/Phone/Internet Bundles	
Charitable Contributions	
Child Care	
Children's Activities	
Clothing Maintenance (Laundry Mat/Dry Cleaning)	
Clothing Purchases	
Electric Bill	
Entertainment/Recreation (Alcohol, Tobacco, Lottery, Hobbies, Movies/Rentals)	
Food (in-home/Groceries)	
Food (out of home-Coffee, Lunch, Dinner)	
Gas and Oil Bill	
Health and Dental Insurance	
Household items (soaps, paper towels, cleaning supplies)	
Internet Access	
Life and Disability Insurance	
Memberships (Health Club etc.)	
Personal Care (Grooming/Toiletries)	
Pets (Food, Shots, Litter, etc.)	
Prescriptions	
Property Services (Gardener, Pool)	
Security Services (Alarm)	
Subscriptions	
Telephone (Home)	
Telephone (Cell, Pager)	
Tuition and School Supplies	
Water Bill	
Other Expenses	
<b>TOTAL MONTHLY LIVING EXPENSES</b>	

SECURED DEBTS (Monthly Payments)	
Rent	
1 <sup>st</sup> Mortgage	
2 <sup>nd</sup> Mortgage	
Homeowner/Condo Fees	
Land Lease (Trailer Park, other)	
Auto Loans/Leases	
Auto Loans/ Leases	
Recreation (Boat, ATV, etc.)	
Property Taxes	
Mortgage Insurance (Home Owners Insurance)	
Rental Insurance	
Student Loans	
Other Loans	
Other Loans	
<b>TOTAL SECURED DEBT</b>	

OTHER DEBTS	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Payday Loans	
Rent-to-Own (Babcock, Aarons)	
Medical Bill Payments	
Other	
<b>TOTAL UNSECURED DEBT</b>	

SUMMARY	
Total Take Home (income)	
Total Living Expenses (-)	
Total Secured Debt Payments (-)	
Total Other Debt Payments (-)	
<b>TOTAL (Balance Remaining)</b>	

**Use this space for additional items not listed:**




## 1<sup>ST</sup> TIME HOMEBUYERS REQUIRED DOCUMENTS

### Needed for Class

ALL OF THE FOLLOWING DOCUMENTS MUST BE TURNED IN 1 WEEK PRYER TO THE CLASS, OR YOU WILL NOT HAVE A SEAT IN THE CLASS YOU ARE TRYING TO ENROLL IN.

- 1) Application completely filled out and signed
- 2) ID's for all adults living in the home
- 3) Social Security Cards for everyone living in the Home
- 4) Income (proof of 2 months income) SSI, SSDI, PENSION, FOOD STAMPS, CASH ASSISTANCE (TANF), PAY STUBS
- 5) Budget form must be filled out and signed

If clients would like to have a soft credit report pulled, there will be a cost. Single \$24.91, Couples \$49.82. This is a tri-merged report that will NOT affect your credit score. If you wish to have this done, you will need to fill out the credit request form and have a money order made out to STEP UP SUNCOAST.