



Workshop Intake Form

Workshop Attended: _____

Workshop Date: _____ Client ID: _____

Client

First Name: _____ Middle: _____ Last Name: _____

Street: _____ City: _____

Zip: _____ County: _____ DOB: ____/____/____

Home: ____-____-____ Work: ____-____-____ Cell: ____-____-____

Email: _____ Number in Household: _____

Referred from: _____

Race/Ethnicity (*Select all that apply*): ☐ African American/Black ☐ Asian ☐ Caucasian/White
☐ Hispanic, Latino, or Chicano ☐ Native American/Native Alaskan ☐ Native Hawaiian/Pacific Islander
☐ Other: _____

Primary Language: _____

Gender: ☐ Male ☐ Female ☐ Other

Head of Household: ☐ Yes ☐ No

Foreign-born: ☐ Yes ☐ No

U.S. Citizen: ☐ Yes ☐ No

Veteran: ☐ Yes ☐ No

Active Military: ☐ Yes ☐ No

Disabled: ☐ Yes ☐ No

Disabled Dependent: ☐ Yes ☐ No

First-time Homebuyer: ☐ Yes ☐ No

First-generation homebuyer: ☐ Yes ☐ No

Do you rent or own your home?

☐ Rent ☐ Own ☐ Other

Annual Household Income: \$ _____

Employer: _____

Monthly Client Gross Income: \$ _____

Education (*Select highest achieved*):

☐ Primary School (K-5) ☐ Junior High (6-8)

☐ High School/GED ☐ 2-year College

☐ 4-year college ☐ Vocational

☐ Master's degree ☐ None

☐ Other: _____

Marital Status: ☐ Single ☐ Married

Household Type (*Select one*): ☐ Single Adult

☐ Single female with child/children

☐ Single male with child/children

☐ Married (no children)

☐ Married with child/children

☐ 2+ unrelated adults

☐ Other: _____

Job Title: _____

Monthly Client Net Income: \$ _____

** Please continue to next page. **

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Co-Applicant (if applicable)

*Please include spouse or other adult household member who may be sharing household expenses.

Relationship to client: _____

First Name: _____ Middle: _____ Last Name: _____

Street: _____ City: _____

Zip: _____ Cell: _____ - _____ - _____ Work: _____ - _____ - _____ Home: _____ - _____ - _____

Email: _____ DOB: ____/____/____

Race/Ethnicity: _____

Gender: ☐ Male ☐ Female ☐ Other

Disabled: ☐ Yes ☐ No

Employer: _____ Job Title: _____

Monthly Co-Applicant Gross Income: \$ _____ Monthly Co-Applicant Net Income: \$ _____

Agreements and Disclosures

Would you like to receive information about MCCA events? Yes No

Initial by each document to confirm that you received the following documents. If you did not receive the document, please leave the line blank.

_____ *IL Department of Human Rights Fair Housing*
_____ *For Your Protection: Get a Home Inspection (HUD 92564-CN)*
_____ *Ten Important Questions to Ask Your Home Inspector*
_____ *Disclosure of Lead-Based Paint Hazards in Housing (EPA-747-F-96-002)*

Confidentiality Notice: Please note that all information is kept confidential and personally identifying information will not be shared with any other individuals or agencies without your prior written consent. MCCA is required to share compiled demographic information and outcomes with funders or for research purposes; however, the information shared is a compilation of data received from all participants, does not include personally identifying information, and will not personally identify any individuals or families.

Disclosure: MCCA is a non-profit, HUD-approved, comprehensive housing counseling agency. We serve all customers regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws. As a workshop attendee or counseling customer, you are not obligated to use the products and services of MCA or our industry partners.

Customer Signature

Date

FOR STAFF ONLY:

Data Entry Date: _____ Staff Initials: _____ Is this a Next Step client? ☐ Yes ☐ No
Counseling Services Desired at Intake: ☐ Foreclosure Intervention ☐ Financial Capability ☐ Home Purchase
☐ Homeowner Services ☐ MCCA Workshop Which workshop are they attending? _____