



Housing Assistance Program Intake Questionnaire

Date/Time: _____

Name: _____

Address: _____

Phone number: _____

Email: _____

Do you rent or own? _____

Do you currently receive or have you received any type of rental or mortgage assistance? _____

How many months in rent or mortgage payments are you behind? _____

How many people live in your household? _____

What is your household's approximate annual income? This includes all of the people living in your house regardless of relationship. _____