



Sign In and Intake Sheet

To offer services and assistance to you, Neighborhood Housing Services of Kansas City, Inc. relies on grants and private funding. By providing the following information, you are helping NHS better serve the community. All personal information (name, address, email, date of birth) will be kept confidential. If you have any concerns please do not hesitate in speaking with an NHS employee.

~ Thank you for your cooperation.

<p>Applicant</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Email _____</p> <p>Contact Number _____</p> <p>Birth Date: _____ Birth State _____</p> <p>Race:</p> <p>____ Asian ____ Hispanic</p> <p>____ Caucasian/White</p> <p>____ Black/African American</p> <p>____ Black/African American & White</p> <p>____ Other _____</p> <p>Gender: ____ Male ____ Female</p> <p>First Language: _____</p> <p>Highest Level of Education:</p> <p>____ Some High School</p> <p>____ Associates Degree</p> <p>____ High School Diploma (or GED equivalent)</p> <p>____ Bachelors Degree</p> <p>____ Trade/ Vocational Training</p> <p>____ Professional Degree</p> <p>Active Military: ____ Yes ____ No</p> <p>Veteran: ____ Yes ____ No</p> <p>Marital Status:</p> <p>____ Single ____ Married</p> <p>____ Divorced ____ Separated</p> <p>____ Domestic Partnership ____ Widowed</p>	<p>Co-Applicant</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Email _____</p> <p>Contact Number _____</p> <p>Birth Date: _____ Birth State _____</p> <p>Race:</p> <p>____ Asian ____ Hispanic</p> <p>____ Caucasian/White</p> <p>____ Black/African American</p> <p>____ Black/African American & White</p> <p>____ Other _____</p> <p>Gender: ____ Male ____ Female</p> <p>First Language: _____</p> <p>Highest Level of Education:</p> <p>____ Some High School</p> <p>____ Associates Degree</p> <p>____ High School Diploma (or GED equivalent)</p> <p>____ Bachelors Degree</p> <p>____ Trade/ Vocational Training</p> <p>____ Professional Degree</p> <p>Active Military: ____ Yes ____ No</p> <p>Veteran: ____ Yes ____ No</p> <p>Marital Status:</p> <p>____ Single ____ Married</p> <p>____ Divorced ____ Separated</p> <p>____ Domestic Partnership ____ Widowed</p>
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How did you hear about us? (Please note referral source):

____ Lender _____

____ City/State Program _____

____ Realtor _____

____ Family/Friend _____

____ Faith Based Organization _____

____ Other _____



Address _____
City _____ State _____ Zip Code _____
County _____

Time at Residence: _____ Years _____ Months Do you live in a rural area? _____ Yes _____ No

Total # in Household Size _____ **# of Dependents** _____

Dependent(s) :

Age _____ Gender _____ Age _____ Gender _____
Age _____ Gender _____ Age _____ Gender _____

Applicant's Information:

Employer Name _____ Type of Business _____
Annual Income _____ Net Monthly Income _____ Employment Hire Date _____

Co-Applicant's Information:

Employer Name _____ Type of Business _____
Annual Income _____ Employment Hire Date _____

Services Used (tell us why you are here):

____ Home Purchase Education/Counseling
____ Post Purchase Education/Counseling
____ Minor Home Repair
____ Lending
____ EnergyWorks KC (EWKC)
____ Other (specify) _____

Applicant's Signature _____ **Date** _____

Co-Applicant's Signature _____ **Date** _____

**OPTIONAL:
CREDIT REPORT AUTHORIZATION AND PRIVACY
DISCLOSURE STATEMENT**

I/We authorize Neighborhood Housing Services of Kansas City, Inc.(hereinafter "NHS") to obtain and review my credit report. I also authorize reproduction of any financial records or information in their possession. I/We understand that information may be shared with any of NHS' funding sources (including, but not limited to Housing and Urban Development and NeighborWorks America) for the purpose of meeting funding compliance.

I understand and agree that NHS intends to use the credit report for the purpose of evaluating my financial readiness.

I agree to hold harmless Neighborhood Housing Services of Kansas City, Inc. and their staff.

Social Security Number _____ Social Security Number _____

Applicant's Signature _____ Co-Applicant's Signature _____