

HOUSING COUNSELING SERVICES, INC.
WORKSHOP INTAKE/INTERACTION FORM
Information requested is required by our funders and will not be released
PLEASE HAND IN THIS FORM BEFORE YOU LEAVE!!!

Client Name(s) of Head(s) of Household: _____ Date _____

1. _____ 2. _____

Street Address: _____ Apt. # _____ NW NE SE SW

City: _____ State: _____ Zip Code: _____ DC Ward# _____

County (if not DC) _____

Primary Phone: () _____ Secondary Phone: () _____

Email: _____

Birth Dates of Head(s) of Household: 1. _____ 2. _____

Gender of Head(s) of Household: (Please Circle) Male Female Both Other

Total people in Household _____ Annual Household Income: \$ _____ Checking/Savings: \$ _____

Do children under 6 years old live in or visit your home regularly? ___ Yes ___ No

Are you Latino/Hispanic? ___ Yes ___ No

RACE: (Please Circle)

~~Black/AA White Asian American Indian Hawaiian/Pacific Islander American Indian & White~~

Asian & White African American & White American Indian & Black Other multi race

If you are working with a case manager/manager please provide their name and organization below:

Name: _____ Organization: _____

Do you have a disability? ___ Yes ___ No

What is your primary language? _____ Do you need an interpreter? ___ Yes ___ No

How did you hear about HCS? _____

Are you a previous HCS client? ___ Yes ___ No If Yes, who was your counselor? _____

Is this an emergency? ___ Yes ___ No Type emergency (eviction, foreclosure, other) _____

Date of Emergency Action Expected _____

In the past 12 months have you applied for any of these programs? ___ ERAP ___ HPRP ___ MHAP ___ None of the above. If Yes, when? _____

Are there any veterans in your household? ___ Yes ___ No

Are there any DC Government Employees in your household? ___ Yes ___ No

Do you believe that you have been the victim of predatory lending? ___ Yes ___ No

Do you believe that you have been the victim of discrimination in the housing market? ___ Yes ___ No



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

Date: _____
Case # _____

**APPLICATION FOR COVID-19
HOUSING RENTAL ASSISTANCE**

Please answer all the question on this form completely. If the question does not apply in your situation, enter None. This form must be printed clearly. Do not write in the shaded areas of this form.

APPLICANT INFORMATION

1. Name: _____
Last First Middle Maiden
2. Present Address: Street _____
City _____ State _____ Zip code _____
3. Telephone No: Home _____ Cell _____
4. Email: _____
5. What is the Bedroom Size for your dwelling? _____
6. Provide the following information for yourself and all family members, including family member who are temporarily away. List unrelated persons who live with you in question 7.

Name	Date Of Birth	Relationship	Is this person disabled? v	Employer	Gross Monthly Income From Job
		SELF			\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
				Total	\$

Note: Attach separate sheet of paper for additional names.

7. Do any unrelated persons live with you? Yes _ No _ If yes, list them and record the amount they pay for rent or meals.

Name	Amount Paid Per Month For Room Rent	Amount Paid Per Month For Meals
	\$	\$
	\$	\$
	\$	\$
TOTAL	\$	\$

ASSISTANCE INFORMATION

8. Explain briefly how you have been impacted by COVID-19 and why you are requesting rental assistance:

9. Please list any COVID related expenses you have incurred:

10. Have you received Emergency Rental Assistance in the past 12 months under this or another name?

_____ If you have used another name, what was it? _____

11. Please list the months and amount that of back rent that you need.

Month(s): _____ Amount _____

12. Please enter the name, address and phone number of company/agency that need payment

_____	_____
Company Name	Company Address
_____	_____
Company Telephone #	Company Email

INCOME INFORMATION

13. Your employer's address: _____ Tel. No: _____

14. Did you lost income since March 13th, 2020? If yes, are you eligible for unemployment?

15. Have you voluntarily left a job or refused to accept employment or training within the past 3 months? _____
 If yes, why? _____

15. May we contact your employers to verify your employment information? _____
 If not, why not? _____

16. Do you or any of the members of your family listed in No. 5 receive income from the following sources?
 If yes, give total monthly amount for the entire family.

Kind of Income	Yes	No	Monthly Amount
TANF/GC			\$
IDA			\$
SSI			\$
Social Security			\$
Veterans Benefits			\$
Unemployment Insurance			\$
Workmen's Compensation			\$
Adoption Subsidy			\$
Disability Benefits			\$
Railroad Retirement			\$

Kind of Income	Yes	No	Monthly Amount
Government Pension			\$
Private Pension			\$
Strike Benefits			\$
Child Support/Alimony			\$
Military Allotment			\$
Loans, Cash Gifts			\$
Contributions from Others			\$
Insurance Benefits			\$
Other, including lottery winnings			\$
TOTAL			\$

INCOME INFORMATION

17. Does your household receive Food Stamps? _____ If yes, give monthly Amount \$ _____
18. Have you received any one-time assistance payments during the last 90 days? Yes ___ No ___ If yes, list the amount of any money remaining. \$ _____
19. Has your income changed in last 30 days? Yes ___ No ___ If yes, how? _____

20. Have you described all of your household's monthly income in the questions above? _____
If no, from what other sources do you receive income? _____

21. What monthly amount do you receive from these sources? \$ _____

RESOURCES INFORMATION

22. Do you or any of the members of your household listed in number 5 have any other resources? _____
If yes, describe below. Give total amount for the entire household.

Kind of Resource	Amount	Location/Description	Account or Policy #
Savings Account (s)/Escrow Account	\$		
Credit Union/Checking Account	\$		
IRA/Pension Distributions	\$		
Stocks/Bonds/Certificates of Deposit	\$		
Insurance Policies (Cash-in Value)	\$		
Property Other Than Owner-Occupied Home	\$		
Boat, Camper, Recreational Vehicle	\$		
Other	\$		
TOTAL	\$		

23. Have you converted a resource to cash in the last 30 days? Yes ___ No ___ If yes, please explain.

24. Have you sold, transferred or traded any resource in the past 12 months? Yes ___ No ___ If yes, please list the resource, its value, and explain. _____

SIGNATURES

Under penalty of perjury I declare that all statements on this application are true. I agree to cooperate with the Department of Housing & Community Development (DHCD) and present all verifying documents requested or to authorize the Department to obtain them. I hereby authorize DHCD to interview all other adult members of my household with regard to this application. I further authorize DHCD to contact any third party as necessary with regard to this application.

Signature of applicant: _____ Date: _____

Signature of Spouse/co-applicant _____ Date: _____

Witness: _____ Witness: _____

If the applicant was assisted in completing this application, the assisting person must sign below:

Name: _____ Address: _____ Tel: _____

Worker's Signature as to date of Completed Application

Signature of Worker: _____ Date: _____