

Affordable Homeownership Foundation Inc.
5264 Clayton Court, Suite 1
Fort Myers, FL 33907
239-689-4944
www.ahf.today

HMIS # _____

**HURRICANE DISASTER RECOVERY
APPLICATION FOR ASSISTANCE INTAKE**

Date: _____ Client #: _____ Case #: _____

Please provide information about yourself for customer tracking purposes. Thank you.

First Name: _____ M.I. _____ Last Name: _____ Suffix _____
(Primary Applicant)

Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: (____) _____ Work Phone: (____) _____

S/S Number: _____ Date of Birth: ____/____/____ Age: _____

E-Mail Address: _____ Best Time to Contact: _____

Are You a Veteran? ____ Yes ____ No If yes do you have a copy of your DD214 ____ Yes ____ No

First Name: _____ Last Name: _____
(Co-Applicant)

S/S Number: _____ Date of Birth: ____/____/____ Age: _____

Please check all that apply:

Ethnicity: ____ African-American: ____ Hispanic: ____ Asian: ____ Native American: ____ White: ____
____ Other

Marital Status: ____ Single: ____ Married: ____ Divorced: ____ Separated: ____ Widowed

Gender: ____ M ____ F Female Head of Household? ____ Yes

First-time homebuyer? ____ Yes ____ No Disabled ____ Yes ____ No Senior (over 55)? ____ Yes ____ No

Family Size: ____ Any special needs: _____

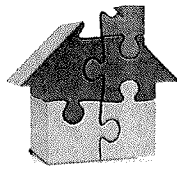
Annual Gross Income Monthly Net Income Other Income Food Stamps
\$ _____ \$ _____ + \$ _____ = \$ _____ \$ _____

Current Rent _____ or Mortgage Payment: \$ _____

How Did You Hear About Our Organization? ____ Newspaper ____ Bank ____ Government ____
Walk-in

____ Staff Member ____ Previous Customer ____ Friend/Relative ____ Realtor ____ Flyer ____

TV/Radio ____ Homebuyer Fair ____ 211 Other _____



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Are You Employed? _____ YES _____ NO Displaced by a Hurricane? _____ YES _____ NO
What Hurricane we you displaced by? _____

Applicant: Education: _____

Name of Employer: _____

Years in Profession: _____ **Title:** _____ **Business Type:** _____

Start Date: _____ **Gross Monthly Income \$** _____ **Net Monthly Income \$** _____

Co-Applicant: Education: _____

Name of Employer: _____

Years in Profession: _____ **Title:** _____ **Business Type:** _____

Start Date: _____ **Gross Monthly Income \$** _____ **Net Monthly Income:** _____

Applicant

Co-Applicant

Counselor

Date

FOR OFFICE USE ONLY__

1. **Client #:** _____ **Case #:** _____ **Census Tract:** _____

2. **Dates/Hours:** _____ **Repeat Client:** ____ Yes ____ No

Please check one or as many services that the client needs:

Type of Service: _____ **Disaster Ian Counseling** _____

____ Post-purchase education ____ Post-purchase counseling ____ Foreclosure Prevention

____ Homeless Prevention ____ Financial Literacy ____ HECM Counseling ____ Housing Navigator

____ Veteran's Counseling ____ Rental Counseling ____ Eviction Prevention Counseling

3. **Income Level:** ____ Moderate ____ Low ____ Very Low ____

4. **Referred To:** ____ Real Estate Agent: ____ Lender ____ Nonprofit ____ Other

Reason: _____

5. **Notes:** _____

Are you working with any other agencies? ____ Yes ____ No ____

If so which Agencies are you working with? _____