**Mayor’s Office of Housing**

**& Community Development (MOHCD)**

**MOHCD Client Intake Form**

1. Review this form with client and complete all items
2. Refer to the instruction sheet to help with form completion

3. Keep on file for five years

First Name: Last Name or Client ID:

Street Address: City:

State: Zip Code: Phone Number *(Optional)*:

### Email Address: Date of Birth: / /

(Optional)

|  |
| --- |
| **1. Race and Ethnicity Which best describes your race/ethnicity?** (Mark ALL check boxes that apply) |
| **Indigenous**American Indian/Native American (Specific Group: )Indigenous from Mexico, the Caribbean, Central America or South America (Specific Group: ) Other Indigenous  |
| **Asian**Chinese Filipino Japanese Korean Mongolian Central Asian South AsianSoutheast AsianOther Asian **Latino**Caribbean Central American MexicanSouth AmericanOther Latino  | **Black**AfricanAfrican AmericanCaribbean, Central American, South American or Mexican Other Black **Middle Eastern/West Asian or North African**North African West AsianOther Middle Eastern or North African **Pacific Islander**Chamorro Native Hawaiian SamoanOther Pacific Islander **White**EuropeanOther White  |
| **2. Gender Identity and Sexual Orientation**  |
| **What is your gender?**(Mark the ONE that best describes your current gender identity)Female MaleGenderqueer/Gender Non-Binary Trans FemaleTrans MaleNot Listed. Please Specify: Decline to Answer  | **How do you describe your sexual orientation or sexual identity?** (Mark ONE)BisexualGay/Lesbian/Same-Gender Loving Questioning/Unsure Straight/HeterosexualNot Listed. Please Specify: Decline to Answer  |
| **By what name do you wish to be called?**  |

(Optional)

## What gender pronouns do you use? [Optional]

**3. Language**

**What is your primary language spoken at home?**

(Mark ONE)

Chinese – Cantonese Russian

Chinese – Mandarin Spanish

English Vietnamese

Filipino Other Language. Please Specify:

### (Mark ONE)

She/Her/Hers They/Them/Theirs

He/Him/His Not Listed. Please Specify:

# Family Size and Income

**Which best describes your family?** A family includes a single

person or a group of people living together. (Mark ONE)

Single Headed Family Dual Headed Family

**Number of persons living in your family** (including yourself):

**Estimated income for next 12 months for all adult members:**

$

# Current Income Information

(Review and circle the income level of the client. Number of persons in section 4. Family Size and Income must match this section. If number of family members is greater than eight persons, refer to instruction sheet.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family of: | 1 person | 2 persons | 3 persons | 4 persons | 5 persons | 6 persons | 7 persons | 8 persons |
| Extremely Low Income | $0 – 36,550 | $0 – 41,800 | $0 – 47,000 | $0 – 52,200 | $0 – 56,400 | $0 – 60,600 | $0 – 64,750 | $0 – 68,950 |
| Low Income | $36,551- 60,900 | $41,801- 69,600 | $47,000- 78,300 | $52,201- 87,000 | $56,401- 94,000 | $60,601- 100,950 | $64,750- 107,900 | $68,950- 114,850 |
| Moderate Income | $60,901- 97,600 | $69,601- 111,550 | $78,301- 125,500 | $87,001- 139,400 | $94,001- 150,600 | $100,951- 161,750 | $107,901- 172,900 | $114,851- 184,050 |
| Above Moderate Income | $97,601or greater | $111,551or greater | $125,501or greater | $139,401or greater | $150,601or greater | $161,751or greater | $172,901or greater | $184,051or greater |

# Income Certification

**Do you receive any type of public benefits assistance?**

(Mark ALL that apply)

CalWorks CalFresh

Cash Assistance Linked to Medi-Cal (CALM) Cash Assistance Program for Immigrants (CAPI) County Adult Assistance Program (CAAP)

Medi-Cal

Refugee Cash Assistance

Social Security Disability Insurance (SSDI) Supplemental Security Income (SSI)

**What source(s) of information were used to verify your**

**income?** (Mark ALL that apply)

Public Benefits *(mark here if you chose any option to the left)*

Payroll Stub Tax Return

Unemployment Benefits Veteran’s Benefits

Rental Assistance *(e.g., Section 8 voucher)*

Placed in Foster Care

Self-Certified. Please explain:

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized U.S. Department of Housing & Urban Development (HUD) officials for federally-funded grants.

## CLIENT INTERVIEWER

Client Printed Name Interviewer Printed Name

Parent/Client Signature Date Interviewer Signature Date