

### Educators Housing Clinic Intake Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you an employee of:  SFUSD  CCSF  Other School  Non-School Employer

Sign me up for HSF e-Newsletter?  Yes  No

Name of School / Campus: \_\_\_\_\_

Job Title:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Professor          | <input type="checkbox"/> Dean               | <input type="checkbox"/> Social Worker   |
| <input type="checkbox"/> Teacher/Instructor | <input type="checkbox"/> Nurse              | <input type="checkbox"/> Librarian       |
| <input type="checkbox"/> Para Professional  | <input type="checkbox"/> Speech Pathologist | <input type="checkbox"/> Early Education |
| <input type="checkbox"/> Counselor          | <input type="checkbox"/> Behavioral Analyst | <input type="checkbox"/> Other: _____    |

How did you find out about the Educators Clinics?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> UESF Email Newsletter | <input type="checkbox"/> SFUSD Email Newsletter | <input type="checkbox"/> Twitter                             |
| <input type="checkbox"/> UESF Meeting/ Event   | <input type="checkbox"/> SFUSD Other            | <input type="checkbox"/> Counseling Agency, which one: _____ |
| <input type="checkbox"/> UESF Other            | <input type="checkbox"/> Word of Mouth          | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> SFUSD Flyer at Office | <input type="checkbox"/> Facebook               |  |

**Household:** Number of seniors over 62 years old: \_\_\_\_\_ Current monthly housing payment: \_\_\_\_\_

Does anyone in your household have a disability? (Y/N) \_\_\_\_\_ If yes, please select all that apply:

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Physical Disability      | <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> HIV/AIDS                 |                                |

What is your primary language? \_\_\_\_\_

Do you speak any other languages at home? \_\_\_\_\_

**Credit Report:** When was the last time you checked your credit report?

- |                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> 1 - 3 months | <input type="checkbox"/> 6 months - 1 year | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 3 - 6 months | <input type="checkbox"/> 1 - 3 years       |                                       |

What was your credit score?

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> 300 - 499 | <input type="checkbox"/> 600 - 649 | <input type="checkbox"/> 750 - 799 |
| <input type="checkbox"/> 500 - 549 | <input type="checkbox"/> 650 - 699 | <input type="checkbox"/> 800 - 850 |
| <input type="checkbox"/> 550 - 599 | <input type="checkbox"/> 700 - 749 | <input type="checkbox"/> N/A       |

Has anything changed in your financial situation since then? (New loan? Paid off loan? Fallen behind on payments? Other?) \_\_\_\_\_

**What is your primary housing concern today?**

- Rental Counseling
- Buying a Home
- Eviction Prevention
- Tenant Counseling
- Home Owner Information
- Legal/Financial Support

**What other services or information are you interested in receiving today?**

- Rental Counseling
- Buying a Home
- Eviction Prevention
- Landlord / Tenant Issues
- Home Owner Information
- Legal/Financial Support

**If you are renting, are you... (Please check all that apply)**

- Primary tenant
- Subleasing tenant
- Staying with friends / family
- Transitional housing
- Other
- Renting in SF
- Renting outside SF
- If outside SF, where: \_\_\_\_\_
- Facing eviction
- Not facing eviction but needs to move
- Experiencing landlord issues

**If you are interested in buying a home, when would you like to buy? (Please check one)**

- 1-3 months
- 3-6 months
- 6 months - 1 year
- 1-3 years
- Other: \_\_\_\_\_

**If you are a homeowner, are you... (Please check all that apply)**

- Current on mortgage payment
- Interested in learning about refinancing
- Facing foreclosure
- Having trouble with mortgage payments
- Having trouble with property taxes
- Having trouble with HOA dues

I/ We authorize Homeownership SF to share the information on this form, as appropriate, with partner non-profit agencies in order to provide me with requested services. I/We understand that Homeownership SF receives funds through the Mayor's Office of Housing and Community Development (MOHCD) and, as such, is required to share some of my personal information with MOHCD program administrators or their agents for purposes of program monitoring, compliance and evaluation.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

---

*For Internal Use Only. To be completed by the Housing Counselor.*

Counselor Name: \_\_\_\_\_

Connected with HERA at Clinic? (Y/N) \_\_\_\_\_

Connected with SFTU at Clinic? (Y/N) \_\_\_\_\_

**SERVICE CONNECTION TRACKER:**

- Referred to EDC Drop-In Clinic.
- Referred to Housing Application Clinic.
- Scheduled Rental Appointment.
- Scheduled Pre Purchase Appointment.
- Scheduled Post Purchase Appointment
- Scheduled for Financial Capacity Appointment
- Registered for Rental Workshop.
- Registered for First Time Homebuyer Workshop.
- Registered for Post Purchase Workshop.
- Other (explain): \_\_\_\_\_