

Educator's Housing Clinic Intake Form

Date: _____ Counselor: _____

Client's name: _____

Client's telephone No.: _____ Email address: _____

Are you an employee of SUSD? _____ Name of your school: _____

Job Title:

- | | | |
|--|---|--|
| <input type="checkbox"/> Teachers | <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: _____ |
| <input type="checkbox"/> Dean | <input type="checkbox"/> Social Worker | |

How did you find out about the Educator's Clinics?

- | | | |
|---|---|---|
| <input type="checkbox"/> UESF Email Newsletter | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Board of supervisors flyer |
| <input type="checkbox"/> UESF Meeting/ Event | <input type="checkbox"/> Facebook | <input type="checkbox"/> Counseling Agency, which
counseling agency: _____ |
| <input type="checkbox"/> UESF Other | <input type="checkbox"/> Twitter | |
| <input type="checkbox"/> SFUSD Flyer at Office | <input type="checkbox"/> Newspaper, which
newspaper: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SFUSD Email Newsletter | | |
| <input type="checkbox"/> SFUSD Other | | |

Household: Number of seniors over 62 years old: _____

Does anyone in your household have a disability?

- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS

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

- 1-3 Months 3-6 Months 6 Months - 1 year 1-3 Years Other

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/assistance Eviction Prevention Buying a Home
- Property Owner information Legal support: Landlord/tenant questions

What other services or information would you be interested in receiving today?

- Rental counseling/assistance Eviction Prevention Buying a Home
- Property Owner information Legal support: Landlord/tenant questions

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

- Primary tenant Renting in SF Renter facing eviction
- Subleasing tenant Renting outside SF Renter NOT facing eviction but needing to move
- Staying with friend/family
- Transitional housing
- Other

If interested in buying a home, when would you like to buy?

- 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 payments
- Interested in learning more about refinancing
- Facing foreclosure
- Having trouble keeping up with mortgage payments
- Having trouble keeping up with property taxes
- Having trouble keeping up with HOA dues

I/ We authorize HomeownershipSF 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 HomeownershipSF 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.

Client Name:

Client Name:

Client Signature:

Client Signature:
