



### 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:**

- Professor  Dean  Social Worker
- Teacher/Instructor  Nurse  Librarian
- Para Professional  Speech Pathologist  Early Education
- Counselor  Behavioral Analyst  Other: \_\_\_\_\_

**How did you find out about the Educators Clinics?**

- UESF Email Newsletter  CCSF Flyer  Twitter
- UESF Meeting/ Event  CCSF Other  Counseling Agency, which one: \_\_\_\_\_
- UESF Other  SFUSD Other  Other: \_\_\_\_\_
- SFUSD Flyer at Office  Word of Mouth
- SFUSD Email Newsletter  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:

- Physical Disability  Chronic Health Condition  Other
- Developmental Disability  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?

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

**What was your credit score?**

- 300 - 499  600 - 649  750 - 799
- 500 - 549  650 - 699  800 - 850
- 550 - 599  700 - 749  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
- Landlord / Tenant Issues
- Buying a Home
- Home Owner Information
- Eviction Prevention / Legal Support

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

- Rental Counseling
- Landlord / Tenant Issues
- Buying a Home
- Home Owner Information
- Eviction Prevention / Legal 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
- 1-3 years
- 3-6 months
- Other: \_\_\_\_\_
- 6 months - 1 year

**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: \_\_\_\_\_

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*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): \_\_\_\_\_