



Educators Housing Clinic Intake Form

Name: _____

Date: _____

Email: _____

Phone: _____

Are you an employee of: SFUSD CCSF

Name of School / Campus: _____

Job Title:

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

How did you find out about the Educators Clinics?

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

Household: Number of seniors over 62 years old: _____

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

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

Current monthly housing payment: _____

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?

- 300 - 499
- 500 - 549
- 550 - 599
- 600 - 649
- 650 - 699
- 700 - 749
- 750 - 799
- 800 - 850
- 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: _____

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): _____