



POLK REGIONAL HOUSING CENTER INTAKE FORM

657 SW Main Street/PO Box 33 Dallas, OR 97338
503.831.3173 / Fax 503.831.3188/E-mail: tboyle@polkcdc.org



Information obtained on this form is used for future funding and statistical purposes. The information will also help us find programs you may qualify for. All information will be kept confidential. The Polk Regional Housing Center can provide additional assistance with financial education, credit rebuilding, matched savings programs, first-time homebuyer counseling, down payment assistance and other credit and home purchasing needs. **Participation with the Polk Regional Housing Center is completely voluntary and will not affect your eligibility for housing assistance from West Valley Housing Authority.**

CONTACT INFORMATION:

Name _____ Date _____
Street Address _____ Homeless?-
City/State/Zip _____

CHECK BEST METHOD OF CONTACT:

___ Phone Number: _____
___ Alternate Number: _____
___ E-mail: _____

BEST TIME TO BE CONTACTED: (please circle)

Anytime ~ Days ~ Evenings ~ Weekends

HOW DID YOU HEAR ABOUT US? (please circle)

Newspaper ~ Website ~ Referral ~ Other

DEMOGRAPHICS:

Family Composition - Number of adults in family: _____ Number of children in family: _____
Ethnicity - Hispanic Non-Hispanic Expecting a child? Yes No
Race - White Asian Asian and White
 Black or African American Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native and White American Indian or Alaska Native
 Black or African American and White Other Multiple Race
 American Indian or Alaska Native and Black or African American
Farmworker?- Yes No Veteran?- Yes No Referred by _____

INCOME LEVEL: Total Annual Gross Income (please circle one)

Family Size	(30% Median)	(50% Median)	(80% Median)	Over
1	\$13,700	\$22,800	\$36,450	\$45,600
2	\$16,460	\$26,050	\$41,650	\$52,100
3	\$20,780	\$29,300	\$46,850	\$58,600
4	\$25,100	\$32,550	\$52,050	\$65,100
5	\$29,420	\$35,200	\$56,250	\$70,400
6	\$33,740	\$37,800	\$60,400	\$75,600
7	\$38,060	\$40,400	\$64,550	\$80,800
8	\$42,380	\$43,000	\$68,750	\$86,000

SERVICES THAT YOU ARE INTERESTED IN: (please check all that apply)

Rental Units Transitional Housing 1BR 2BR 3BR
 VIDA - Match Savings Program Home Rehab Other: _____
 Foreclosure Prevention

Client Signature _____

Date _____

***** FOR OFFICE PERSONNEL USE ONLY *****

RHC Client # _____ Intake Counselor _____

Entered into Grant Statistics on ____/____/____

HOUSING COUNSELING NEED

First-time Homebuyer Foreclosure Prevention Refinance Workshop Registration
 Reverse Mortgage (seniors) Homeless Rental Assistance Program Energy Assistance
 Energy Assistance Social Service Referral Other _____

HOUSING COUNSELING SERVICE - Information Provided to

NEXT STEPS

Referred to _____
 Follow-up Appointment Date _____ Time _____
Method - Office Visit Phone Call

NOTES - HOUSING COUNSELING OUTCOME



The preparation of this Form was funded in part with federal funds from the Oregon CDBG Program. This form is not subject to State or Federal copyright law. This may be reprinted, copied or duplicated without the permission of the State of Oregon grant recipient.