

GREATER WASHINGTON URBAN LEAGUE HOUSING & COMMUNITY DEVELOPMENT DIVISION 2901 14TH STREET, NW WASHINGTON, DC 20009



PHONE: (202) 265-8200

FAX: (202) 328-3064

INTAKE FORM

Date:				
Name:				
Address:				
City:	State:	Zip Co	de:	
Rural Status: Do you live in a rura	l area: Yes	No		
Home Phone Number:		Cell Pho	Cell Phone:	
SSN:F	Email Address	s:		
Gross Monthly Income:				
Date of Birth:	_ Age:	Male	Female	
Marital Status: Single	Divorced	Separated		
#of Dependents:				
Ethnicity:		Race:		
Hispanic		Amo	American Indian/Alaskan Native	
Not Hispanic		Asia	Asian	
Chose not to respond		African American/Black		
		Nati	ve Hawaiian/Pacific Islander	
		Whi	te Caucasian	
Multi-Race:				
American Indian or Alaskan Nat	ive and White	;		
Asian and White				
African American/Black and Wh	nite			
American Indian or Alaskan Nat	ive and Africa	nn American/B	ack	
Other Multi-Race				
Chose not to respond				
Primary Language:			<u>Citizenship:</u>	
English			U.S. Citizen	
Spanish			Permanent Resident Alien	

Other(Specify)	Non-Resident Alien
If other please explain	
English Proficiency: Is English Proficient:_	_ Is not English Proficient: Chose not to respond:
Are you a veteran? Yes No	_
Are you disabled? Yes No	_
Education:	
College High School/GE	D Primary Vocational
Housing Status:	
Own Rent Live w/I	Relatives Homeless
Are you planning to purchase a home?	_Yes No
Are you interested in credit rebuilding? _	YesNo
Are you interested in Financial Coaching	/Budgeting? Yes No
How did you hear about this event?	
Internet Flyer	Word of Mouth Other
If Other; please explain:	
Credit Authorization Disclosure:	
and review my credit report. My credit report GWUL. I understand and agree that GWUL	Vashington Urban League (hereinafter "GWUL") to obtain rt will be obtained from a credit reporting agency chosen by intends to use the credit report for the purpose of evaluating credit rebuilding and or engage in post purchase counseling ull your credit report.
information that I have supplied to \underline{GWUL} i	ase to credit reporting agencies of financial or other n connection with such evaluation. Authorization is further a copy of this form to obtain any information the credit ete my credit report.
In addition, my credit report may be used to	evaluate my current financial status.
I authorize	
I do not authorize	
	by credit report and any information that I have provided, is that have been produced based upon such information. It discuss counseling services.
Client Name	
Client Signature	