

Financial Assessment Intake Form

LEASE _____ LESSEE _____ DATE _____
PHONE # _____ EMAIL _____

ADDITIONAL CONTACT PERSON _____ PHONE _____

HOUSEHOLD SIZE: _____ ADULTS _____ CHILDREN _____

FUTURE HOUSEHOLD

*PRIMARY LESSEE	*HOUSEHOLD MEMBER
First Name:	First Name:
Last Name:	Last Name:
Date of Birth:	Date of Birth:
Role (circle or check one):	Role (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer
<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member	<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member
Relationship to Primary Lessee (circle or check one):	Relationship to Primary Lessee (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild
<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:
<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD

*HOUSEHOLD MEMBER	*HOUSEHOLD MEMBER
First Name:	First Name:
Last Name:	Last Name:
Date of Birth:	Date of Birth:
Role (circle or check one):	Role (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer
<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member	<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member
Relationship to Primary Lessee (circle or check one):	Relationship to Primary Lessee (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child
<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:
<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD

Financial Assessment Intake Form

FUTURE HOUSEHOLD

*HOUSEHOLD MEMBER	*HOUSEHOLD MEMBER
First Name:	First Name:
Last Name:	Last Name:
Date of Birth:	Date of Birth:
Role (circle or check one):	Role (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer
<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member	<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member
Relationship to Primary Lessee (circle or check one):	Relationship to Primary Lessee (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child
<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:
<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD

*HOUSEHOLD MEMBER	*HOUSEHOLD MEMBER
First Name:	First Name:
Last Name:	Last Name:
Date of Birth:	Date of Birth:
Role (circle or check one):	Role (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer
<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member	<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member
Relationship to Primary Lessee (circle or check one):	Relationship to Primary Lessee (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child
<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:
<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD

Financial Assessment Intake Form

LEASE # _____ LESSEE _____

INCOME SOURCES

*INCOME SOURCE	*INCOME SOURCE
Income For:	Income For:
Income Type (circle or check one):	Income Type (circle or check one):
<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self-Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement	<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self-Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement
<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:	<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:
Employer/Source:	Employer/Source:
How often (circle or check one): <input type="checkbox"/> Other:	How often (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount before taxes: \$	Amount before taxes: \$
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

*INCOME SOURCE	*INCOME SOURCE
Income For:	Income For:
Income Type (circle or check one):	Income Type (circle or check one):
<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self-Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement	<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self-Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement
<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:	<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:
Employer/Source:	Employer/Source:
How often (circle or check one): <input type="checkbox"/> Other:	How often (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount before taxes: \$	Amount before taxes: \$
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

Financial Assessment Intake Form

INCOME SOURCE

*INCOME SOURCE	*INCOME SOURCE
Income For:	Income For:
Income Type (circle or check one):	Income Type (circle or check one):
<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement	<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement
<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:	<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:
Employer/Source:	Employer/Source:
How often (circle or check one): <input type="checkbox"/> Other:	How often (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount before taxes: \$	Amount before taxes: \$
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

*INCOME SOURCE	*INCOME SOURCE
Income For:	Income For:
Income Type (circle or check one):	Income Type (circle or check one):
<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement	<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement
<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:	<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:
Employer/Source:	Employer/Source:
How often (circle or check one): <input type="checkbox"/> Other:	How often (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount before taxes: \$	Amount before taxes: \$
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

Financial Assessment Intake Form

LEASE # _____ LESSEE _____

ASSETS

*ASSET SOURCE	*ASSET SOURCE
Asset Owner:	Asset Owner:
Asset Type (circle or check one): <input type="checkbox"/> Other:	Asset Type (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)
Source Name:	Source Name:
Current or Estimated Value of the Asset: \$	Current or Estimated Value of the Asset: \$
Ownership Type (circle or check one):	Ownership Type (circle or check one):
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:
Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)	Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

*ASSET SOURCE	*ASSET SOURCE
Asset Owner:	Asset Owner:
Asset Type (circle or check one): <input type="checkbox"/> Other:	Asset Type (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)
Source Name:	Source Name:
Current or Estimated Value of the Asset: \$	Current or Estimated Value of the Asset: \$
Ownership Type (circle or check one):	Ownership Type (circle or check one):
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:
Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)	Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

Financial Assessment Intake Form

ASSETS SOURCES

*ASSET SOURCE	*ASSET SOURCE
Asset Owner:	Asset Owner:
Asset Type (circle or check one): <input type="checkbox"/> Other:	Asset Type (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)
Source Name:	Source Name:
Current or Estimated Value of the Asset: \$	Current or Estimated Value of the Asset: \$
Ownership Type (circle or check one):	Ownership Type (circle or check one):
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:
Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)	Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

*ASSET SOURCE	*ASSET SOURCE
Asset Owner:	Asset Owner:
Asset Type (circle or check one): <input type="checkbox"/> Other:	Asset Type (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)
Source Name:	Source Name:
Current or Estimated Value of the Asset: \$	Current or Estimated Value of the Asset: \$
Ownership Type (circle or check one):	Ownership Type (circle or check one):
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:
Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)	Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

Financial Assessment Intake Form

LEASE # _____ LESSEE _____

LIABILITIES (DEBT)

*LIABILITIES	*LIABILITIES
Creditor/Lender:	Creditor/Lender:
Debt Type (circle or check one):	Debt Type (circle or check one):
<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:	<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:
Outstanding Balance: \$	Outstanding Balance: \$
Monthly Payment: \$	Monthly Payment: \$
Responsible Person:	Responsible Person:
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

*LIABILITIES	*LIABILITIES
Creditor/Lender:	Creditor/Lender:
Debt Type (circle or check one):	Debt Type (circle or check one):
<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:	<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:
Outstanding Balance: \$	Outstanding Balance: \$
Monthly Payment: \$	Monthly Payment: \$
Responsible Person:	Responsible Person:
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

Financial Assessment Intake Form

LIABILITIES (DEBT)

*LIABILITIES	*LIABILITIES
Creditor/Lender:	Creditor/Lender:
Debt Type (circle or check one):	Debt Type (circle or check one):
<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:	<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:
Outstanding Balance: \$	Outstanding Balance: \$
Monthly Payment: \$	Monthly Payment: \$
Responsible Person:	Responsible Person:
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

*LIABILITIES	*LIABILITIES
Creditor/Lender:	Creditor/Lender:
Debt Type (circle or check one):	Debt Type (circle or check one):
<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:	<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:
Outstanding Balance: \$	Outstanding Balance: \$
Monthly Payment: \$	Monthly Payment: \$
Responsible Person:	Responsible Person:
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes: