



THE PARODNECK FOUNDATION
 FOR SELF-HELP HOUSING AND COMMUNITY DEVELOPMENT, INC.
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Prior Client

Emergency

INTAKE FORM

Owner(s) on Deed: _____ DOB: _____
 _____ DOB: _____
 _____ DOB: _____

Client Phone Number: _____ Email: _____

Caller & Relationship: _____ (Tel): _____

Home Address: _____

Mailing Address (if different from home/and why?):

Household Size: _____ # of Units: _____ Vacant Units: _____ Home Insurance: _____

Reverse Mortgage (circle one): Yes or No How Long Have You Owned Your Home? _____

Estimated Property Value: \$ _____ Are you Disabled? _____ Ethnicity: _____

Gross Monthly Income: \$ _____ Rental Income: \$ _____ Other Income: \$ _____

Current Mortgage Lender(s): _____

Current Mortgage Balance(s): \$ _____ Current Interest Rate(s): _____ %

Current Monthly Mortgage Payment(s): \$ _____ Mortgage in Arrears: Yes _____ No _____

If yes, how many months: _____ Why (?): _____

Other Debt(s) e.g. Judgments, Utilities, Unsecured Credit (type and amount):

Water & Sewer Arrears (circle one): Yes or No Amount Owed: \$ _____
 Do you have an Agreement (circle one): Yes or No Comments: _____

Real Estate Taxes Arrears (circle one): Yes or No Amount Owed: \$ _____
 Do you have an Agreement (circle one): Yes or No Comments: _____

Repair/Rehabilitation needs (describe briefly): _____

How did you hear about this program: _____

Referral Agency (if any): _____ Telephone: _____
 Contact Person: _____ Telephone: _____

Additional Information: _____

FOR STAFF USE ONLY

Intake Person: _____	Date Taken: _____
App Sent: _____	Unable to Assist: _____
Ref. to Counseling: _____	Legal Service: _____