



# Family Education & Support Services

Supporting Families...Strengthening Communities

## Help Us Move In (HUMI)

### Intake Form

The information requested on this form is kept strictly confidential and used for data purpose only.

Please print

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Partner: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Physical address where rent/move-in/utility assistance is needed:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ How many people live in your home? \_\_\_\_\_

Email: \_\_\_\_\_

How would you describe your annual household income:

- Less than \$5,000
- \$5,000 to \$9,999
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000+

Your ethnicity

- Caucasian
- African American
- Hispanic
- Native American/Alaska Native
- Asian/Pacific Islander
- Multi-Racial
- Other

Partner Ethnicity

- Caucasian
- African American
- Hispanic
- Native American/Alaska Native
- Asian/Pacific Islander
- Multi-Racial
- Other

### Children/Dependent Information:

Name of child	Date of birth	Ethnicity of child	Relationship to child	Do you have custody of this child?

Have you or any of your immediate family been affected by the following with the last 3 years? (check all that apply)

- Chemical Dependency
- Domestic Violence
- CPS Involvement
- Homelessness

Need:     Move-in costs                       Eviction prevention                       Utilities  
                  Amount requested \$ \_\_\_\_\_                      Amount requested \$ \_\_\_\_\_                      Amount requested \$ \_\_\_\_\_  
                  Date needed: \_\_\_/\_\_\_/\_\_\_                      Date needed: \_\_\_/\_\_\_/\_\_\_                      Date needed: \_\_\_/\_\_\_/\_\_\_

Landlord/Utility information: (please note that all checks will be made out to landlord/utility, and not the requestor)

Name of landlord or utility company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*Please also submit a rental agreement showing address, monthly rent, and date of agreement, along with a W9 from the landlord OR if requesting utility assistance, please submit a utility bill in your name at your address.**

Please take a moment to fill in the blanks and answer the following questions:

- I would like to thank the Homeless No More Matching Challenge Grant for:

\_\_\_\_\_  
 \_\_\_\_\_

- What does this assistance mean for your family?

\_\_\_\_\_  
 \_\_\_\_\_

Please note this is a one-time help.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

<b>OFFICE USE ONLY</b>		
Date Received: _____		
Checklist: <input type="checkbox"/> Rental agreement received <input type="checkbox"/> Landlord W9 received <input type="checkbox"/> Utility Bill received		
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial amount: \$ _____		
Approver's signature: _____		