

Office Use

Received: _____ Contacted: _____ Background:
 Status: _____
 Referred to INHP Officer: _____
 Property(s): _____



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Intake Application

APPLICANT

Name: _____ Birthdate: _____ Social Security #: _____
 Phone #: _____ Email: _____

Present Address:

Street: _____ How Long: _____ Own Rent
 City: _____ State: _____ Zip: _____ \$ _____ (Payment/Month)
 Name of Landlord: _____ Phone #: _____

Previous Address (if less than 2 years at present address):

Street: _____ How Long: _____ Own Rent
 City: _____ State: _____ Zip: _____ \$ _____ (Payment/Month)
 Name of Landlord: _____ Phone #: _____

Employer s Name and Address:

Name: _____ Street: _____
 City: _____ State: _____ Zip: _____ Work Phone #: _____

I have been working there for _____ years / month (circle one)

Employer s Name and Address (if less than 2 years at present employer):

Name: _____ Street: _____
 City: _____ State: _____ Zip: _____ Work Phone #: _____

I worked there from _____ to _____

Check all that apply: Monthly Salary Social Security Other Income (child support, social security, disability)

Total Monthly Household Income: \$ _____

CO-APPLICANT

Name: _____ Birthdate: _____ Social Security #: _____
 Phone #: _____ Email: _____

Present Address:

Street: _____ How Long: _____ Own Rent
 City: _____ State: _____ Zip: _____ \$ _____ (Payment/Month)
 Name of Landlord: _____ Phone #: _____

Previous Address (if less than 2 years at present address):

Street: _____ How Long: _____ Own Rent
 City: _____ State: _____ Zip: _____ \$ _____ (Payment/Month)
 Name of Landlord: _____ Phone #: _____

Employer s Name and Address:

Name: _____ Street: _____
 City: _____ State: _____ Zip: _____ Work Phone #: _____

I have been working there for _____ years / month (circle one)

Employer s Name and Address (if less than 2 years at present employer):

Name: _____ Street: _____
 City: _____ State: _____ Zip: _____ Work Phone #: _____

I worked there from _____ to _____

Check all that apply: Monthly Salary Social Security Other Income (child support, social security, disability)

Total Monthly Household Income: \$ _____

PLEASE LIST ALL MEMBERS OF YOUR HOUSEHOLD **BEGINNING WITH YOURSELF.**

Name	Social Security #	Relationship	Birthdate (mo/day/yr)
		Self	

A FEW MORE GENERAL QUESTIONS

SEND uses the following questions to better serve its clients; responses may not necessarily preclude you from participating in SEND programs.

- 1. Are there any unpaid collections or judgments against you? Yes No
- 2. Have you declared bankruptcy within the past 7 years? Yes No
- 3. Have you ever had property foreclosed on in the past 7 years? Yes No
- 4. Have you ever been evicted? Yes No
- 5. Are you obligated to pay child support? Yes No
- 6. Have you co-signed for a loan for anyone? Yes No
- 7. Do you intend to occupy the property as your primary residence? Yes No
- 8. Do you currently own other property? Yes No
- 9. Have you ever been convicted of a felony (or plead no contest)? Yes No
- 10. Have you owned other property within the past 3 years? Yes No

Initials

(/) I/We hereby authorize SEND to obtain any and all necessary information from any and all sources including but not limited to: credit reporting agencies, creditors, landlords, employers, and financial institutions.

I hereby affirm that the statements and information contained herein are true and correct to the best of my knowledge. Further, I understand that penalty may result if the information proves to be incorrect, inaccurate, or misleading, including, but not limited to: disqualification from SEND programs and any other civil and criminal remedies that may be available.

Applicant s Signature _____

Date _____

Co-Applicant s Signature _____

Date _____

How did you hear about SEND? _____
