



ALAMEDA COUNTY COMMUNITY ASSET NETWORK CLIENT INTAKE FORM

PERSONAL INFORMATION

1. Name: _____ 2. Today's Date: _____
Last First mm/dd/yy

3. Spouse/Partner's Name (if applicable) _____

4. SSN: _____ 5. ITIN _____

6. Gender: Female Male

7A. Race / Ethnicity (Check All That Apply):

- | | | | |
|--|--|---------------------------------------|--|
| <input type="radio"/> Caucasian / White | <input type="radio"/> Black/ African American/ | <input type="radio"/> Asian Indian | <input type="radio"/> Guamanian |
| <input type="radio"/> Laotian | <input type="radio"/> Filipino | <input type="radio"/> Hawaiian | <input type="radio"/> Cambodian |
| <input type="radio"/> Japanese | <input type="radio"/> Vietnamese | <input type="radio"/> American Indian | <input type="radio"/> Alaska Native |
| <input type="radio"/> Chinese | <input type="radio"/> Korean | <input type="radio"/> Samoan | <input type="radio"/> Other Asian |
| <input type="radio"/> Other Pacific Islander | <input type="radio"/> Two or More Races | <input type="radio"/> Some other Race | <input type="radio"/> Did Not Disclose |

7B. HISPANIC / LATINO ORIGIN (ETHNICITY):

- Yes No

8. Physical Address: _____

9. Mailing Address: _____

10A. Do you have access to a computer? Yes No

10B. If yes, E-Mail Address: _____

11. How did you hear about us? _____

12. Home Phone: _____ 13. Work Phone _____ 14. Cell Phone: _____ 15. Fax: _____

16. Marital Status: Never Married Married Divorced Separated Widowed

17. What is your household status?

- Single, living with parent (s) Single, head of household Living with spouse or domestic partner

18. Years of Education Completed: (Check the highest level)

- | | | |
|---|--|--|
| <input type="radio"/> Less than 8 th Grade | <input type="radio"/> Some high School | <input type="radio"/> High School Graduate/GED |
| <input type="radio"/> Some College | <input type="radio"/> College Graduate | <input type="radio"/> Degree: AA, BS, BA, and MA |

19. Do you have a vocational certificate? Yes No

20. Military Status: Non Veteran Veteran Vietnam-Era Veteran Gulf War Veteran Iraq War Veteran

21. Do you have a disability or chronic health condition that significantly limits any of your daily activities or the kind/amount of work you do? Yes No

22. Number of family members in your household: _____

23. How many adults (18 yrs and older) currently live in your household? (Include yourself) _____

24. Family Member ages (Write in # of family members for each age group)

0 - 5 _____ 18-23 _____ 55-59 _____ 70+ _____
6-11 _____ 24-44 _____ 60-69 _____

25. Family Member Ethnicity: RACE / ETHNICITY (Check All that Apply):

- Caucasian / White
- Black/ African American/
- Asian Indian
- Guamanian
- Laotian
- Filipino
- Hawaiian
- Cambodian
- Japanese
- Vietnamese
- American Indian
- Alaska Native
- Chinese
- Korean
- Other Asian
- Samoan
- Other Pacific Islander
- Two or More Races
- Some other Race
- Did Not Disclose

25B. HISPANIC / LATINO ORIGIN (ETHNICITY):

- Yes
- No

26. Family Gender # Males in family _____ # Females in family _____

27. Have you ever been incarcerated, had any previous convictions/infractions? Yes No

EMPLOYMENT INFORMATION

28. What is your current employment status (choose one)?

Full Time = 35 hrs. or more/ week Part Time = Less than 35 hrs/week

- Employed more than full time (overtime/more than one job)
- Laid off, waiting for call back
- Currently seeking employment
- Disabled, not seeking employment
- Homemaker, not seeking employment
- Retired, not seeking employment
- Employed full time
- Employed part-time
- Working and in school or job training
- Self-employed

29. Please indicate number of hours per week for each of the following applicable categories:

	Hours per week		Hours per week
<input type="radio"/> Job(s)		<input type="radio"/> School	
<input type="radio"/> Self-employed		<input type="radio"/> Job Training	

30. How long have you worked with your current employer? _____

31. How long with pervious employer? _____

32. What is the current annual income of your household? (See Income Worksheet)

INCOME INFORMATION

33. List your MONTHLY HOUSEHOLD GROSS income before taxes (Include income of spouse, child, etc.):

\$ _____ Formal Employment

\$ _____ Self-Employment

\$ _____ Government Assistance – Please specify (i.e. TANF, Food Stamps, SSI, Social Security, Unemployment or Veterans’ Benefits) 0

\$ _____ Pensions and/or retirement income

\$ _____ Child support and/or alimony payments

\$ _____ Friends or family

\$ _____ Investment Income

\$ _____ Other (specify: _____)

34. Yes or No (Please circle one)

- Yes No Have you ever been a recipient of TANF/AFDC/CalWORKs?
- Yes No Are you presently a TANF/CalWORKs recipient?
- Yes No Do you currently receive SSI/SSD?
- Yes No Do you currently receive food stamps?
- Yes No Do you have health insurance?
- Yes No Do you have life insurance?
- Yes No Are you current with your taxes? _____

ASSETS & LIABILITIES

35. DO YOU..... (Circle one)

Own a vehicle?	No	Yes	Current Value of the vehicle	\$ _____
			Loan Amount on the vehicle	\$ _____
Own a home?	No	Yes	Market value of home	\$ _____
			Home mortgage amount	\$ _____
Own a business	No	Yes	Current value of business	\$ _____
Own rental property or land?	No	Yes	Total value of property	\$ _____
Own stock, bonds, retirement	No	Yes	Value of investments	\$ _____
And/or other investment accounts?			O Stocks/Bonds	O Retirement Fund
Have a checking account?	No	Yes	Current amount in account	\$ _____
O Personal				
O Business				

Name of Banks(s) _____

Have a savings account?	No	Yes	Total Amount of Savings	\$ _____
Use online banking?	No	Yes		
Use direct deposit?	No	Yes		
Owe money to friends/family?	No	Yes	Amount you owe	\$ _____
Have past due household bills?	No	Yes	Amount past due	\$ _____
Have credit card debts?	No	Yes	Amount of credit card debt	\$ _____
Have any student loans?	No	Yes	Amount of Loans	\$ _____
Have any medical bill debt?	No	Yes	Amount of Medical Bills?	\$ _____
Have any other debt?	No	Yes	Outstanding balance	\$ _____

Are you obligated to pay alimony, child support, or separate maintenance? No Yes
If yes, how much per month? \$ _____

Have you filed a bankruptcy petition within the past seven years? No Yes

Are there any outstanding judgments against you? No Yes

Are you currently subject to a tax lien or wage garnishment? No Yes

Have you had a property foreclosed upon, or given title or deed in lieu of foreclosure in the past seven years? No Yes

Are you co-signer or endorser on a note? No Yes

Have you ever owned a home? No Yes
If so, what year did you sell or foreclose on this home? _____

Do you have negative remarks on Chex systems? No Yes
If yes, please explain briefly: _____

Do you use Check cashing services or "Pay Day Loans"? No Yes

Current Credit Score? _____ Target Credit Score? _____

GOALS/REASON FOR SEEKING ASSISTANCE

- | | |
|--|--|
| <input type="radio"/> To improve financial fitness | <input type="radio"/> To learn about accounting and budgeting |
| <input type="radio"/> To repair credit history | <input type="radio"/> To learn to manage cash flow |
| <input type="radio"/> To pay off debt | <input type="radio"/> To increase personal income |
| <input type="radio"/> To learn about starting a business | <input type="radio"/> To increase household income |
| <input type="radio"/> To build wealth | <input type="radio"/> To learn about taxation and tax related issues |

ASSET GOAL

- | | | | |
|---|--|------------------------------------|--|
| <input type="radio"/> Business start-up/expansion | <input type="radio"/> Higher education | <input type="radio"/> Job training | <input type="radio"/> Vehicle purchase |
| <input type="radio"/> First time homeownership | <input type="radio"/> Children's Education | <input type="radio"/> Retirement | <input type="radio"/> Investment |

BANKING ADDENDUM:

Current Banking Institution: _____

Current Checking Account Balance: _____

Current Savings Account Balance: _____

Do you have any negative remarks on Chex systems? No Yes

If yes, please explain briefly (NSF fees? # of occurrences? Cost per occurrence):

Do you use online Banking? No Yes

Do you pay your bills on line? No Yes

Do you have any CD, an IRA, IDA, any other type of investment account? No Yes
If yes, what? _____

Are are you currently employed? No Yes

How long have you been at your current job? _____

What is your current annual income? _____

Current Credit Score? _____