

Intake form

The following are the list of questions we ask and are required in our intake process.

Location Name:		Room#	
Move-In Date	/ / 24	Rent Amt.	\$
End of Probation	/ / 24	Fee/Deposit	\$

Resident - General Information

First Name: _____ Middle Name: _____

Last Name: _____ NickName: _____

Preferred Pronoun: _____ Gender Identity: _____

Phone #: (____) _____ - _____ Email: _____

Secured Information

Date Of Birth: ____/____/____ SSN/ITIN #: _____ - _____ - _____

ID/CDL#: _____ Military ID #: _____

Marital Status: _____ Spouse's Name: _____ Phone: _____

Financial Information

Monthly Income 1: \$ _____ Source 1: _____

Monthly Income 2: \$ _____ Source 2: _____

Other Monthly Income: \$ _____ Available Savings: \$ _____

Expenses: Cell Phone Car Loans Other

What is the total of your monthly expenses? \$ _____

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Emergency Information

Emergency Contact Information

First Name: _____ Last

Name: _____

Phone #: (____) _____ - _____ Email:

Relationship To You: _____

First Name: _____ Last

Name: _____ Phone #: (____) _____ - _____

Email: _____

Relationship To You:: _____

Medical Information

Do you have Medical Insurance?

Provider: _____ Health Card #: _____

Contact #: (____) _____

Do you have any allergies or dietary restrictions? *Provide details below.*

List Medications:

List Food/ Beverages:

Other:

Do you have any chronic medical issues we should be concerned about? (Example: Diabetes, COPD, etc.) *Please provide details below:*

Do you have any special medical equipment?

Have you been exposed to someone with COVID-19?(Circle) Yes No IF YES, please

explain:

Are you currently experiencing any of the symptoms listed below? (Circle) Fever Dry Cough

Flu-like Symptoms

Resident Suitability Questionnaire ***

Can you walk independently? (Circle) Yes No Sometimes

If No or Sometimes Explain:

Can you participate in household cleaning and chores? (Circle) Yes No

If No or Sometimes Explain:

Can you bath and dress yourself? (Circle) Yes No

If No or Sometimes Explain:

Do you bath every day? (Circle) Yes No

If No or Sometimes Explain:

Do you have any issues with bladder control? (Circle) Yes No Sometimes

If No or Sometimes Explain:

Are you on Probation or Parole? Yes No

If Yes, provide information:

Probation/Parole Officer Name: _____ End Date: __/__/__

Probation/Parole Contact #: (____) _____ - _____ CDC #: _____

Resident Suitability Questionnaire Continued

Do you smoke? (Circle) Yes No

IF YES, please explain:

Are you recovering from any addiction that we should be aware of?(Circle) Yes No

IF YES, please explain:

What time do you normally go to bed? _____ PM

Do you have any regular medical appointments? Please explain.

List food items that you do not like:

Meats: _____

Vegetables: _____

Other: _____

List your favorite foods:

Meats: _____

Vegetables: _____

Other: _____

Resident Suitability Questionnaire Continued

List Activities you enjoy doing:

List concerns you may have living with a roommate?

Do you work or volunteer anywhere?

List ANYTHING else we should be concerned about.

The information I have provided above is true and accurate to the best of my knowledge. I understand that if I have not provided true and accurate information that it will be grounds for eviction.

Signature: _____ Date: _____