

# Client Information Forms

Today's Date: \_\_\_\_\_

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

City: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Total Household Gross Monthly Income: \$ \_\_\_\_\_

**HOME OWNERSHIP**

\_\_\_\_\_

**Own**

\_\_\_\_\_

**Rent**

\_\_\_\_\_

**Rent/Subsidized**

\_\_\_\_\_

**\*Please list all household members.**

Name	Date of Birth	Race/Ethnicity	Disability (Y?N)	Relationship to Client	Medical Coverage & Type	Marital Status	Highest Education level	Military service (Y/N)
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

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

New Client: \_\_\_\_\_