



Client ID #

First Name: _____

Middle Name: _____

Last Name: _____

Alias: _____

Address: _____

City: _____

County: _____

State: _____

Zip Code: _____

Years at address _____

Email Address: _____

Phone Number: () -

Best way to contact: _____

Birth Date: _____

SSN: _____

Driver's License/ID #: _____

Issue Date: _____

(Copy to be sent/included in paperwork)

Primary Race: (Check one)

- ☐ African American/Black
- ☐ American Indian/Alaskan Native
- ☐ Asian/Asian American
- ☐ Hispanic
- ☐ Native Hawaiian/other Pacific Islander
- ☐ White
- ☐ other

Ethnicity: (Check one)

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Other

Gender:

- ☐ Female
- ☐ Male
- ☐ Other

Language Preference: _____

Secondary Language: _____

Do you have a Disability:

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Military Status:

- ☐ Active Duty
- ☐ Veteran
- ☐ None
- ☐ Unknown
- ☐ Not Disclosed

Marital status:

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Other

Current living situation:

- ☐ Rent
- ☐ Own
- ☐ Live with Family
- ☐ Homeless
- ☐ Other



Are you interested in housing counseling?

☐ Yes ☐ No

Monthly Housing Cost: \$ _____

(Rent or mortgage)

Dwelling type: _____

Monthly Water/Sewer \$ _____

Monthly Electric \$ _____

Monthly Heating \$ _____

Misc. \$ _____

Credit Card Debt \$ _____

Loan Debt \$ _____

Medical Debt \$ _____

Other Debt \$ _____

Misc. Debt \$ _____

Physical Assets \$ _____

Liquid Assets \$ _____

Other Assets \$ _____

Misc. Assets \$ _____

Subsidized Housing ☐ Yes ☐ No

Amount received \$ _____

Type of Household: (Check one)

- ☐ Couple with Children
- ☐ Couple without Children
- ☐ Grandparent/Other Guardian with Children
- ☐ Multi-generational Single
- ☐ Female
- ☐ Single Female with Children
- ☐ Single Male
- ☐ Single Male with Children
- ☐ Unaccompanied Youth
- ☐ Other

Number of Adults in Household: _____

Number of Children in Household: _____

Information for all household members:

Name: _____

Birth Date: _____

SSN: _____

Income: _____

Name: _____

Birth Date: _____

SSN: _____

Income: _____

Name: _____

Birth Date: _____

SSN: _____

Income: _____

Name: _____

Birth Date: _____

SSN: _____

Income: _____

Name: _____

Birth Date: _____

SSN: _____

Income: _____

Name: _____

Birth Date: _____

SSN: _____

Income: _____



Do you have a family member with a disability?

- ☐ Yes
☐ No
☐ Not disclosed

Employment Status: (Check one)

- ☐ Full time
☐ Part time
☐ Self-employed
☐ Seasonal
☐ Student
☐ Retired
☐ Disabled
☐ Unemployed
☐ Other

Do you have reliable transportation?

- ☐ Yes ☐ No

Are you a US Citizen?

- ☐ Yes ☐ No

If no, are you legal to work?

- ☐ Yes ☐ No

Have you been rejected for a bank account in the last 5 years?:

- ☐ Yes ☐ No

Total Gross Monthly Income: (Please fill in all applicable boxes and calculate the total)

Gross Wages	\$
Child Support	\$
SNAP, TANF/GA	\$
Unemployment	\$
Pension	\$
Social Security/SSI, Disability	\$
Other (<i>Income of family members' wages, Gifts Stipends, Rental property, etc.</i>)	\$
Other	\$
Total income	\$

Please attach one month of income in fax or email to coach and check off income verification provided:

- ☐ Pay stub
☐ W2 latest tax return
☐ Self-employment letter
☐ SSI award letter
☐ Disability award letter
☐ Letter stating no income
☐ Other



**Highest level of education completed:
(Check one)**

- ☐ Completed K-5
- ☐ Completed 6-8
- ☐ Completed 9-11
- ☐ High school diploma or GED
- ☐ Vocational School Diploma or degree
- ☐ Some college
- ☐ AA Degree
- ☐ BA or BS Degree
- ☐ Some Graduate School
- ☐ MA or MS Degree
- ☐ Other

Do you have health insurance? (Check one)

- ☐ Employer
- ☐ Self-pay
- ☐ Medicaid
- ☐ Medicare
- ☐ Through spouse/partner
- ☐ Through parent
- ☐ None
- ☐ Other

How did you hear about Stand by Me?

**Have you or someone in your family been
laid off, taken a pay cut or lost income due
to Covid-19?**

- ☐ No
- ☐ Yes
- ☐ N/A

**Which of the following financial issues
most concerns you right now? (Check one)**

- ☐ Not being able to pay bills
- ☐ The amount of debt I have
- ☐ Not being able to save enough for retirement
- ☐ Cost of health care for myself or my family
- ☐ Taking a pay cut/loss of job/loss of income

**Do you need additional resources, or a
referral related to COVID/Emergency
assistance?**

- ☐ Yes
- ☐ No

**If yes, please check off all areas of
assistance needed:**

- ☐ Food assistance
- ☐ Employment assistance
- ☐ Rent assistance
- ☐ Foreclosure/Mortgage assistance
- ☐ Utility assistance
- ☐ Healthcare assistance
- ☐ Shelter or Homelessness resources
- ☐ Education assistance for self or child

What is your sense of financial control?

- ☐ Total control
- ☐ Some control
- ☐ Neutral
- ☐ Little control
- ☐ No control



How often are you worried about your financial situation? (Check one)

- ☐ Never worried
☐ Rarely worried
☐ Neutral
☐ Occasionally worried
☐ Always worried

Have you had difficulty covering expenses in the last 6 months?

- ☐ Yes
☐ No

Are you currently or have you ever been homeless?

- ☐ Yes
☐ No

Have you missed more than one rent/mortgage payment in the last six months?

- ☐ Yes
☐ No

Have you ever borrowed from a payday lender or pawn shop?

- ☐ Yes
☐ No

How much do you have in savings?

\$ _____

Who is your real estate agent? (type none if you do not have one)

Name: _____

Company: _____

Who is your lender? (type none if you do not have one)

Name: _____

Company: _____

Who is your housing counselor? (type none if you do not have one)

Name: _____

Housing counseling agency: _____

Please check off the following that apply

- ☐ I would like to work on increasing my income through Stand by Me workforce development
- ☐ I need help with my resume
- ☐ I would like to learn more about college funding, grants, and applying for FAFSA
- ☐ I need help with existing college loans
- ☐ I would like to work on saving for retirement
- ☐ I would like more information on state benefits such as snap benefits, medicaid, or child care benefits
- ☐ I currently have a small minority owned business and would like information on SBM MSB Grant
- ☐ I would like to start a business

Please certify that all the information provided is correct or completed to best of your knowledge.

X _____

Date: ____ / ____ / ____