



Applicant Intake Form

Applicant Name

1) Full Name: _____ Date: _____
First Middle / Surname / Maiden Last

Contact Information

2) Residency Status: U.S. Citizen Resident Non-Resident

3) Primary Address Type: Apartment Home Homeless Hotel/Motel Mobile Home
 Retirement Facility Shelter

4) Occupancy Status: Guest Occupant Homeless Own Rent Subsidized

5) Address: _____
Street Address Apartment/Unit #

City County State Zip Code

6) Contact Info: _____
Mobile Phone Personal Email Address

Demographic Information

7) Birthdate: (mm/dd/yyyy) ____/____/____

8) Gender: Male Female Other

9) Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

10) Race: African American American Indian Asian Pacific Islander White
 Other Race Multi-Race

11) Primary Language: English Spanish English & Spanish Other _____

12) Relationship Status: Married (Living with Spouse) Married (Not Living with Spouse)
 Not Married (Living Together) Separated Divorced Widow(er) Single

13) Education Status: Last Grade Completed: _____ Received High School Diploma or GED: Yes No
 Vocational Some College (No Degree) Bachelor's Degree Master's Degree PhD Degree

14) Employment Status: Full Time Part Time Contractor Homemaker Retired
 Fixed Income Unemployed

15) Household Annual Income: \$ _____

16) US Military Service: Currently Serving Disabled Veteran Veteran None

17) Criminal Background: Yes No

18) Have you received assistance from Catholic Charities in the past? Yes No

If yes, please explain _____

