



"Building Successful Families and Communities through Housing Opportunities."

Neighborhood Housing Services of San Antonio | Ph. 210-533-6673 | nhsofsa.org

ORIENTATION INTAKE FORM

Instructions: To confirm your class enrollment, please complete this intake form and email to vgarcia@nhs-satx.org. If you have a disability, language barrier, or require an alternative means of completing this intake please talk to NHSSA staff about arranging alternative accommodations.

NHSSA Staff Complete	Date
	Client #

Personal and Demographic Information			
Name:		Date of Birth:	
Street Address:	City:	State:	Zip Code:
Home Ph:	Cell. Ph:	E-mail:	
Co-Applicant Name:			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-conforming / Other			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Disabled Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Foreign Born: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what country?			
Race: <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic			
Education: <input type="checkbox"/> Below High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some College <input type="checkbox"/> Junior or Vocational College <input type="checkbox"/> Master's Degree or above			
Household Size:		Annual Household Income: \$	
How many dependents live in your household?		What are their ages?	
How many non-dependents live in your household?		What are their relationships to you?	
I was referred to NHSSA programs by: <input type="checkbox"/> Lender <input type="checkbox"/> Realtor <input type="checkbox"/> Government Agency <input type="checkbox"/> Internet <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend/Family <input type="checkbox"/> Advertisement <input type="checkbox"/> Social Media <input type="checkbox"/> Staff/ board member <input type="checkbox"/> Other			

Housing Status
Do you meet the definition of a first-time homebuyer? A first-time homebuyer does not currently own a home and has not owned a home within the past 3 years. <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken a Homebuyer Education Class? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of class:
Current Housing Arrangement: <input type="checkbox"/> Renting <input type="checkbox"/> Living with friend/ family (not paying) <input type="checkbox"/> Homeowner w/ mortgage <input type="checkbox"/> Homeowner with mortgage paid <input type="checkbox"/> Homeless <input type="checkbox"/> Other
If renting, do you receive a rental subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, through which program?

Photo Release: Do you authorize NHSSA to use any photographs taken of you during our classes for promotional purposes?
☐ Yes ☐ No