

## Newtown CDC Intake Application

Please answer all questions and provide all of the information requested. We will review your application and contact you for more information and / or to schedule your meeting with a Homeownership Counselor / Financial Coach.

There is a \$40.00 application processing fee (nonrefundable) due on or before the first meeting; however, in some cases the fee may be waived. We will let you know if you must pay the fee when we call to schedule your appointment. Depending on the program or services you are applying for, you may be required to bring a number of documents to your first meeting; a list of those documents will be provided. ***If you are applying for a specific CLT house, do not pay the \$40.00 fee until you have been notified that your application has been accepted.***

Completed applications can be submitted by email: [newtown@newtowncdc.org](mailto:newtown@newtowncdc.org), or fax: (480) 517-1490.

<b>Applicant Name</b> (First, MI, Last):				<b>Date:</b>	
<b>Current Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>	
<b>Phone:</b>		<b>Email:</b>			
<b>How should we contact you?</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email			<b>How did you hear about Newtown?</b>		
<b>Race</b> (please check one of the following):					
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> White Black or African American			
<input type="checkbox"/> American Indian or Alaska Native and White		<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> White	
<input type="checkbox"/> Asian and White		<input type="checkbox"/> Black or African American and White		<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian or Alaska Native and Black or African American		<input type="checkbox"/> Other			
<b>Ethnicity</b> (check <u>one</u> ): <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino			<b>Preferred Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other_____		
<b>Gender:</b>		<b>Age:</b>		<b>Birthdate:</b>	
				<b>Disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If disabled, explain if you have special needs:</b>					
<b>Highest Level of Education:</b>					
<input type="checkbox"/> High School/GED		<input type="checkbox"/> Certificate Program		<input type="checkbox"/> AA Degree	
<input type="checkbox"/> BA/BS Degree		<input type="checkbox"/> Some Graduate School		<input type="checkbox"/> Graduate Degree	
<input type="checkbox"/> Some College		<input type="checkbox"/> Other			
<b>Any household member a Veteran?</b> <input type="checkbox"/> Self <input type="checkbox"/> Other <input type="checkbox"/> No			<b>Any household member active US Military?</b> <input type="checkbox"/> Self <input type="checkbox"/> Other <input type="checkbox"/> No		
<b>Are you a US Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Are you a Permanent Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner					
<b>Household Type:</b>					
<input type="checkbox"/> Single Adult		<input type="checkbox"/> Married with children		<input type="checkbox"/> Female-headed single parent	
<input type="checkbox"/> Other		<input type="checkbox"/> Married without children		<input type="checkbox"/> Male-headed single parent	
<input type="checkbox"/> Two or more unrelated adults					
<b>Number in household:</b>		<b>Number of Adults</b> (over 18):		<b>Number of Children</b> (under 18):	
<b>Current Housing:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Section 8 / Public or Subsidized Housing <input type="checkbox"/> Live with Family/Friend <input type="checkbox"/> Own Home					
<input type="checkbox"/> Other:_____					
<b>Years at Current Address:</b>			<b>Monthly Rent:</b>		
<b>Household Members</b> (List and provide information below for all household members). You <u>do not</u> have to enter your own information again. Please add an additional page if you have additional household members.					
<b>First Name</b>	<b>Last Name</b>	<b>Relationship to Applicant</b>	<b>Gender</b>	<b>Birthdate (MM/DD/YYYY)</b>	<b>Age</b>

