



Participant

Last Name	Mr.	Mrs.	Ms.	First Name	Middle
Address				City, Zip	Email Address
Home Phone		Work Phone		Cell Phone	

Preferred method of contact? Home Work Cell E-mail

Co-Participant

Last Name	Mr.	Mrs.	Ms.	First Name	Middle
Address				City, Zip	Email Address
Home Phone		Work Phone		Cell Phone	

Preferred method of contact? Home Work Cell E-mail

Household Members: Information about **yourself** and all who will be moving in with you:

Name	Marital Status	Social Security # (if over 18 yrs)	Date of Birth	Relation to participant
1.				SELF
2.				
3.				
4.				
5.				

Employment Income: Employment for every employed household member.

Name	Company Name and Address	Phone	Position	Start & End Dates	Gross Annual Income

More employment? Check here and list on a separate page.

Other Income: SSI, AFDC, child support, interest income, etc. rec'd by any household member.

Household Member	Source of Income	Gross Annual Income

This intake form is double sided, please fill out both sides completely.

Total Household Gross Annual Income from All Sources:

2015(year to date)	
2014	

Please answer the following questions as applicable to the Participant / Co-Participant

1. Gender? Female Male
2. Head of Household: Are you the head of the household? Yes No
3. If not the head of household, is the head of the household female? Yes No
4. Do you receive income from any of the following sources? CalWORKS Food Stamps
General Assistance Social Security Medi-cal Other _____
5. Marital Status: Married Single
6. Education: College Vocational High School/GED Primary None
7. Are you a U.S. Citizen? Yes No
8. Are you a Permanent Resident Alien? Yes No
9. Are you a Non-Permanent Resident Alien? Yes No
10. Foreign Born? Yes No
11. What is your primary language: _____
12. Are you permanently disabled? Yes No
13. Are you a Veteran? Yes No
14. Are you Active Military? Yes No
15. Race (check only one):
American Indian/Native Alaskan American Indian/Black Asian
Native Hawaiian/Pacific Islander White Asian/White
American Indian/White Black Black/White
Hispanic Ethnicity (Please also check one of the racial categories if you select this category)
Other (specify): _____ Decline to State
16. Are you of Hispanic/Latino Ethnicity? Yes No
17. Are you on parole or probation? Yes No

How did you hear about this program? _____

By signing below, I certify that the information I provide in this intake form is true and correct. I authorize Community Housing Development Corporation (CHDC) to obtain my credit report, and I authorize CHDC to verify this information for the purpose of qualifying me for Ways to Work.

Participant's Signature _____ Date _____

Co-Participant's Signature _____ Date _____

⇒ You must submit COPIES of your documentation with this intake form. We will not accept original documents. Your intake form to the Ways to Work Program cannot be accepted without the following:

- Legible, unexpired, government issued, photo ID for each applicant (driver's license, state ID card, passport, resident alien card etc.).
- A non-refundable \$20.00 credit check fee per participant (There is a \$25 returned check fee). Payable to CHDC.
- Most recent consecutive paycheck stubs for each household member over 18 years old, covering the most recent full calendar month, plus any checks received since the last full calendar month.
- Most recent three months bank statements for all bank accounts. All pages/sides.

⇒ Return the completed forms, credit check fee, and all documentation to:

**CHDC Ways to Work Program
1535-A Fred Jackson Way, Richmond, CA 94801
Phone: (510) 412-9290 Fax: (510)439-4956**