BENJAMIN ROSE
Let's rethink aging.

Benjamin Rose: Housing & Financial Wellness
11890 Fairhill Road Cleveland, Ohio 44120
Phone: 216.791.8000 Fax: 216.361.0920
Benrose.org

Intake Date _____

☐ **Face to Face** ☐ **Phone** **RX ID#** _____ **SALESFORCE ID #** _____

Applicant Name: _____ **SS#**_____-_____-_____

Co-Applicant Name: _____ **SS#**_____-_____-_____

Birth Date Applicant: _____/_____/_____ **Birth Date Co-Applicant:** _____/_____/_____

Home: ( )_____-_____ **Cell:** ( )_____-_____

Email: _____

_____ _____
Street Address **Apartment/Suite**

_____ _____ _____ _____
City **State** **Zip** **County**

Race (please check all that apply):

☐ White/Caucasian ☐ Hispanic/Latino ☐ Multi Race
☐ Black/African American ☐ Arab-American ☐ Other _____
☐ Native American/American Indian ☐ Asian Pacific Islander

Gender: ☐ Female ☐ Male **Disabled:** ☐ Yes ☐ No **Blind:** ☐ Yes ☐ No
Marital Status: ☐ Married ☐ Unmarried ☐ Divorced ☐ Separated ☐ Widowed
Education: ☐ Below high school ☐ High School Degree/GED ☐ Some College ☐ Degree
Veteran: ☐ Yes ☐ No **Served During War:** ☐ Yes ☐ No
Household Type: ☐ Single Adult ☐ Married no Dependents ☐ Married with Dependents
☐ Female Head of Household ☐ Male Head of Household ☐ Other _____
Household Size: _____
Current Living Arrangement: ☐ Rent ☐ Homeowner with mortgage ☐ Homeowner no mortgage

Mortgage Information (if applicable):

Lender Name: _____ **Loan Number** _____
Interest Rate: _____% **Monthly Mortgage Payment:** _____ **Current on Mortgage?** ☐ Yes ☐ No
Months Delinquent: _____ **Reason for Delinquency:** _____
Taxes Escrowed? ☐ Yes ☐ No **Taxes Current?** ☐ Yes ☐ No **Amount of Delinquency?** _____
Do you have the Homestead Exemption? ☐ Yes ☐ No **Do you have homeowner's insurance?** ☐ Yes ☐ No

Do you help any relatives, friends or neighbors with any of the following tasks (check all that apply):

☐ Transportation ☐ Housework ☐ Managing Finances ☐ Other:_____
☐ Basic Care/Needs ☐ Meal Prep ☐ Managing Medicine ☐ Other:_____
How often? ☐ Daily ☐ Weekly ☐ Monthly

Does anyone assist you or your co-applicant with any of following tasks (check all that apply):

☐ Transportation ☐ Housework ☐ Managing Finances ☐ Other:_____
☐ Basic Care/Needs ☐ Meal Prep ☐ Managing Medicine ☐ Other:_____
How often? ☐ Daily ☐ Weekly ☐ Monthly

Total Household Income (please include all sources for all members):

Monthly Gross Income (before taxes): $_____ ☐ Monthly ☐ Bi-Weekly ☐ Weekly

Monthly Net Income (after taxes): $_____ ☐ Monthly ☐ Bi-Weekly ☐ Weekly

Please check all benefits that you or anyone in your household receive (check all that apply):

- ☐ Medicare (currently or will enroll within 3 months)
- ☐ Medicare Prescription Plan (Part D)
- ☐ Extra Help/ Low Income Subsidy through Medicare Prescription Drug Coverage
- ☐ Medicaid
- ☐ Medicare Savings Programs (QMB, SLMB, or QI-I) for part B Medicare
- ☐ Food Assistance (SNAP)
- ☐ Ohio Best RX
- ☐ SSI
- ☐ TRICARE
- ☐ Veteran's Health Benefits
- ☐ LIHEAP (Low Income Home Energy Program)
- ☐ Homestead Exemption for Property Taxes
- ☐ Public Housing
- ☐ Section 8 Housing
- ☐ Senior Community Service Employment Program (SCSEP) - Vantage Aging

Other Services I am interested in (check all that apply):

- ☐ Budgeting
- ☐ Build/Repair Credit
- ☐ Decrease Debt
- ☐ Increase Savings
- ☐ Matched Savings
- ☐ Financial Education Workshops
- ☐ Home Buyer Education Classes
- ☐ Property Tax Counseling
- ☐ Senior Property Tax Loan
- ☐ Free Income Tax Preparation
- ☐ Foreclosure Prevention
- ☐ Rental Counseling
- ☐ Pre-Purchase
- ☐ Benefits Checks
- ☐ Other _____

Referred to Benjamin Rose: Housing & Financial Wellness by:

- ☐ Friend/Relative
- ☐ Print Ad
- ☐ Lender
- ☐ Realtor
- ☐ Client
- ☐ Benjamin Rose Website
- ☐ Financial Education Class
- ☐ Home Buyer Education
- ☐ Employee
- ☐ Internet/Social Media
- ☐ Letter
- ☐ Other:_____
- ☐ Walk-in
- ☐ VITA
- ☐ 211

I authorize Benjamin Rose: Housing & Financial Wellness to:

- **Pull my credit report to review my credit file for foreclosure prevention counseling, pre-purchase and post-purchase counseling and/or financial coaching and counseling.**
- **Screen for potential federal, state, and local benefits through our Benefit Enrollment Center and disclose information to the Western Reserve Area Agency on Aging for the relevant services.**
- **Pull my credit report and review my credit file for informational inquiry purposes, loan worthiness and budget monitoring during the next 36 months.**
- **Obtain a copy of the HUD-1 Settlement Statement, appraisal and other related mortgage documents from my lender and/or the title company that closed the loan.**

I agree the all the information contained herein is truthful and accurate. If, at any time, Benjamin Rose discovers that any of the information contained herein is not true and accurate, Benjamin Rose reserves the right to immediately close my file with no further notice to me.

_____ _____

Applicant Signature **Date**

_____ _____

Co-Applicant Signature **Date**

Benjamin Rose- Housing and Financial Wellness: Helping people in all stages of life achieve and maintain financial wellness and housing stability through HUD-approved housing and financial counseling and education, as well as benefits enrollment assistance.