# Cooper Square Committee Individual Intake Form

*Items marked with an asterisk (*) are required.*
*If representing someone, use their Name & Address.*
*Please print CLEARLY!*
*Los datos con un asterisco (*) son necesarios*
*Si agente de alguien, use Nombre/Dirección de el(la).*
*¡Favor de escribir en letra de molde CLARAMENTE!*
*Este formulario disponible en español bajo pedido.*

**Staff Use Only/Sólo Empleados** ☐C'd ☐↦

☐CR ☐OP ☐ED ☐AH ☐SR
☐CN ☐OG ☐EI ☐ES ☐___
☐EP ☐WA ☐EE ☐DR ☐___
☐HC ☐MC ☐RI ☐VO ☐___
☐3P ☐IH ☐BO ☐HS ☐___
☐BB ☐TA ☐Vol ☐Mbr ☐R

Civi
CAP
Tier ☐1 ☐2 ☐3 *csciif.doc, rev 3/23/2016*

**A**

**Today's Date*** _____ **First Name*** _____ **Initial*** ____ **Last Name*** _____

**Gender Identity*** ☐ Male ☐ Female ☐ Other (_____)

**Zip:** ☐ 10002 ☐10003 ☐10009 Other _____

**Primary Address*** _____ **Apt** _____ **Boro** ☐Manh ☐BK ☐BX ☐QNS ☐SI

this is a: ☐home ☐ school ☐ shelter ☐job ☐other (_____)

**Phone 1*** (_____)–_____–_____ ☐Home ☐Cell ☐Work ☐ _____

**Phone 2** (_____)–_____–_____ ☐Home ☐Cell ☐Work ☐ _____

**Emergency Contact:** Name _____ Address/Phone/Email _____

**B**

**E-mail Address** _____

**Preferred Method of Contact** ☐ Email ☐ Phone ☐ US Mail

**Do you want to get on our e-mail list?** ☐ Yes ☐ No ☐ I'm already on it
We send email about housing laws, actions, events, etc. twice a month.

**Do you want to volunteer?** ☐ Yes ☐ No
No obligation; you'd only volunteer when you want to.

**How did you find out about us?** ☐Government agency ☐Internet ☐Person ☐Other explain? :_____

**Had any of these issues in the last 3 months?*** ☐Bedbugs ☐No heat or hot water ☐Broken windows or locks ☐None of these

**Are you currently involved in a Housing Court case?** ☐ Yes ☐ No **Do you have a lawyer?** ☐ Yes ☐ No

**C**

**Race** (check all that apply)
☐American Indian / Alaskan Native ☐Asian ☐Other
☐Native Hawaiian / Other Pacific Islander ☐White ☐No Response
☐Black/African American

**Ethnicity**
☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ No Response

**Preferred Language*** ☐ English ☐ Español ☐ Other _____ **Country of Origin*** ☐US ☐_____

**Household Type*** ☐ Single parent – female ☐ Single parent – male ☐ Two parents ☐ 2 Adults – no children ☐ Single ☐ Other

**# of People in Household (including yourself)*** _____ **Household Gross Income* $** _____/ ☐mo. ☐yr.

**Household's Sources of Income*** (check anything in last 12 mos.)
☐ SS ☐ SSI ☐ SSDI ☐ Welfare ☐ TANF ☐ Food Stamps/SNAP
☐ **Employment** ☐ Unemployment Benefits ☐ Pension ☐ Other _____

**Employment*** ☐ **Employed full time** ☐ **Employed part time** ☐ **Self-employed** ☐ In School – Not working
☐ Out of work under 26 weeks ☐ Out of work between 26 and 52 wks ☐ Out of work 52+ wks

**D**

**Rent Subsidies*** ☐ SCRIE ☐ DRIE ☐ Rent Stab. ☐ Rent Ctrl. **Total Rent** (set by Landlord)* **$** _____/mo.
☐ NYCHA ☐ HASA ☐ Section 8 ☐ Other _____ **Rent after subsidies** (if different)* **$** _____/mo.

**Date of Birth*** _____ **Veteran** ☐ Yes ☐ No **Disabled** ☐ Yes ☐ No ☐ No Response
**Housing** ☐ Own ☐ Rent ☐ Homeless ☐Other _____ **Homebound** ☐ Yes ☐ No

**Your Highest Education Level Completed***
☐Grade ____ (from 0–11) ☐No Degree: ____ Yrs of College
☐ HS Diploma ☐ GED Degree: ☐Vo-tech ☐AA/AS ☐BA/BS ☐MA/MS ☐Dr.

**If you are currently in school:**
☐HS: Full time ☐HS: Part time
☐Bachelors ☐Vo-tech ☐College

**Are you or any member of your household covered by any of the following?***
☐Medicaid ☐Child/Family Health Plus ☐Private Insurance ☐Medicare

**Do you want information on public health insurance programs?** ☐ Yes ☐ No

To the best of my knowledge the information above is true. I agree to its verification and understand that falsification is grounds for termination from CSC's programs of service.
I understand that my information is shared with and only with the government agencies which fund CSC (NYC's HPD, DYCD, DFTA, and NYS HCR).
Como yo sepa, la información arriba es verdadera. Permito que se verifique y entiendo que al mentir, se me puede echar de programas de servicio del CSC.
Entiendo que mi información se comparte con y sólo con las agencies gubernamentales que financian el CSC (HPD, DYCD, DFTA de la NYC, y HCR del NYS).

**Your Signature*:** _____ **Date:** _____
**Staff Signature:** _____ **Date:** _____