

PARTICIPANT QUESTIONNAIRE

(This is for information purposes only and is not an application for services.)



DATE

	Type	of Counseling Needed	
Budget/Credit	Give Foreclosure	e 🛛 Homeownershi	p Reverse Mortgage
	IDA 🛛 Credit	\$mart	
I. PERSONAL DATA			
Name		Preferred N	Jame
Address			
City		State	Zip Code
Home: (	Work: ()	Cell: ()e	mail:
Social Security Number:	Birth	n date: / / (	Gender: Male 🛛 Female 🗖
-			eparatedWidowOther
List co-participant informa	-		
NAME		DATE OF BIRTH	<b>RELATIONSHIP TO YOU</b>
1			KELAHONSHII 10100
			Male 🛛 Female 🗖
Social Security Number:		Oender.	
I. DEMOGRAPHIC INF	ORMATION		
What is your racial ba	<u>ckground</u> ?		
BlackWhite	American Indiar	ı/Alaskan NativeAsian/0	OrientalPacific/Native Hawai
		_Asian and WhiteAm Other multiple race	nerican Indian/Alaska Native and Wi Chose not to respond
What is your Ethnicity	v? Hispanic	Non Hispanic	Chose not to respond to this sectio

 Are you Disabled?
 Yes
 No

 Are you or your spouse currently in the military?
 Yes
 No

 Were you or your spouse EVER in the military?
 Yes
 No

II. DEMOGRAPHICS CONTINUED
Household Type?
Single head of HouseholdTwo-headed household Household Size?
Household Status?
RenterPotential HomeownersHomeownersPotential RentersHomeless
What is the highest grade completed?
Elementary SchoolSome High SchoolHigh School Grad or GED Equivalent
Some CollegeCollege GraduateGraduate/Professional School
Do receive Section 8 Housing Assistance?
If yes, which Housing Authority? Campbell Covington Boone Newport Other
Have you used the Brighton Center Volunteer Income Tax Assistance in the past?  Yes No
Do you have health insurance through your employer? U Yes U No

II. EMPLOYMENT				
1. Current Employer:				
Street		City	State	Zip Code
Phone: ()	_ Date of employment: _		How Long	g?
Job Title:	( <i>please check</i> ): Part-Time <b>□</b> or Full-Time <b>□</b> # of hrs?			
2. If employed for FEWER And on a separate sheet of p	-	ie place. List	otner employe	
Street		City	State	Zip Code
Phone: ()	_ Date of employment: _		How Lon	g?
Job Title:				

## III. INCOME

All income must be documented for household members over age 18				
ТҮРЕ	Before-tax Monthly	After-tax Monthly	Before-tax Monthly	After-tax Monthly
	Participant	Participant	Co-Participant	Co-Participant
Wages				
Self-employment income				
Alimony / Child Support				
Overtime / Bonus				
Social Security/Disability/				
Public Assistance (AFDC)				
Other income (such as pension)				
TOTAL INCOME				
If you receive disability income, is it for a permanent disability?       Yes       No         Do you have a savings account?       Yes       No       Where?         Do you have a checking account?       Yes       No       Where?         Do you have a checking account?       Yes       No       Where?         Do you have a checking account?       Yes       No       Where?         Do you have a student loan?       Yes       No       If so, how many?         Are they current?       Yes       No       Are the payments deferred?       Yes       No         Have you ever filed for Bankruptcy?       Yes       No       No       If "yes", when				
<u> </u>	• -	-	-	-

Customer Signature	Date
Customer Signature	Date

## MONTHLY BUDGET WORKSHEET

Jan./Feb./Mar./Apr./May/June/July/Aug./Sept./Oct./Nov./Dec. (Year \_\_\_\_\_)

	Current Living Expenses	Past Due		
	Rent/Mortgage			
	Heat & Utilities			
	Cell Phone/Landline			
	Internet/Cable			
	Sewage/Water (qtrly)			
	Auto Loan			
	Auto Insurance (6mos)			
	Vehicle Tax (KY)	<u>Unpaid Debt</u> (i	i.e.: medical bil	lls/credit cards/etc.)
	Gas	Name	Min.Pay.	<b>Total Balance</b>
	Food (groceries)			
	Household Expenses (hygiene items, et	c.)		
	Health/Dental Insurance	·		
	Renter's Insurance			
	Life Insurance			
	Child Care			
	Entertainment (fast food, movies, etc)			
	Savings			
	Christmas			
	Other ( )			
	Other (			
	Other (			
	TOTAL	Total Outstan	nding Debt =	
		Paid Outstan	8	
	TOTAL MONTHLY INCOME			
	Amount \$ \$	\$	<u>\$</u>	
	Source/s ( ) (	) (	) (	)
	TOTAL MONTHLY EXPENSES			
(-/+)	DIFFERENCE (Income (s	ubtract) Expenses	s=	)
]	Beginning Credit Score =	End Credit Sco	re	_