
Welcome to the Housing & Financial Counseling Program

Please bring these items to your appointment so we can be best prepared to work together

For all appointments

- Paystubs
- Bank or credit card statements or ability to view online if needed
- Monthly mortgage statement

For student loan appointments:

- Adjusted Gross Income from most recent tax return
- Login credentials for the National Student Loan Data System (www.nslds.ed.gov/npas/index.htm.)
Please login to NSLDS as soon as possible if you don't already have access, as it can take 3-4 days to complete the process.

Household Information	
Last Name	
First Name	
Cell Phone	
Home Phone	
Work Phone	
E-mail	
Best Method of Contact	<input type="checkbox"/> Email <input type="checkbox"/> Cell Ph <input type="checkbox"/> Home Ph <input type="checkbox"/> Work Ph
Property address	
Mailing address (if different)	
County	
Residency Status	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home <input type="checkbox"/> Other
Do you live in a rural area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Total # in Household	
# of Children under 18 in Household	
Annual Household Income	
How did you hear about us?	

Demographics	
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
Limited English Proficiency	<input type="checkbox"/> Yes <input type="checkbox"/> No (This means you do not speak English as your primary language <u>and</u> have limited ability to read, speak, write, or understand English. You can receive language assistance.)
Date of Birth	
Age	
Social Security Number	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Chose not to respond
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Chose not to respond
Citizenship Status	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Chose not to respond
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Chose not to respond
Race	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black/African American AND White <input type="checkbox"/> American Indian/Alaska Native AND Black/African American <input type="checkbox"/> Other <input type="checkbox"/> Chose not to respond
Check all that apply	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Boulder County Government Employee
Do you work with a case manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
If yes, name of case manager and program	
Employment	
Employment Status (check all that apply for all adults in the household)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Not Seeking Employment <input type="checkbox"/> Other _____
Total # of jobs for all adults in Household	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+
Other Adult Attending Appointment	
Last Name	
First Name	
Date of Birth	
Age	
Phone	
Email	

Income and Expense List

Income

Type	Gross	Net
TOTAL INCOME	\$	\$

Results

TOTAL NET INCOME	\$
<i>minus</i>	
TOTAL EXPENSES	\$
<i>=Surplus or Shortfall</i>	\$

Expenses

Housing & Utilities

Rent or mortgage	
Rent or mortgage	
HOA	
Property insurance	
Property taxes	
Home repairs, maintenance	
Electric	
Gas	
Water	
Trash	
Other _____	

Transportation

Auto loan(s)	
Auto insurance	
Gas	
Maintenance and repairs	
Vehicle registration/tags	
Bus, Taxi	

Food

Groceries	
Dining Out	

Medical

Medical insurance (out of pocket)	
Doctor co-pays	
Medications	
Dentist	
Glasses	

Personal Care

Clothes	
Laundry, Dry cleaning	
Haircuts	
Personal care items, toiletries, nails, etc.	

Debts

Taxes Owed	
Credit card	
Credit card	
Credit card	
Collections	
Personal loan	
Student loans	
Payday loan	
Medical Debt	
Other _____	

Entertainment & Misc.

Cable TV	
Internet	
Cell phone	
Home phone	
Netflix, etc	
Hobbies	
Cigarettes	
Beer, wine, liquor, etc	
Gifts	
Storage unit	
Subscriptions	
Movies, sports, concerts, etc	
Travel	
Gym	
Bank and overdraft fees	
Other _____	

Children

Child Care, education	
Diapers, formula	
Activities, sports, entertainment, allowance	
School lunches	
School fees	
Costs for adult children	

Pets

Food, toys, treats	
Vet, grooming	

Education

Tuition, books, lessons	
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Insurance

Disability Insurance	
Life Insurance	

Legal

Attorney	
Maintenance, Child Support	

Donations

Religious, Charity	
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Savings

Savings account contributions	
Retirement contributions	

TOTAL EXPENSES \$