



**Pierce County Coalition for  
Developmental Disabilities (PC2)**  
3716 Pacific Avenue, Suite A  
Tacoma, WA 98418  
253-564-0707  
253-564-0702 (fax)

## Homeownership Intake Form

**Required Contact Information**

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check preferred method of contact: \_\_\_ Home \_\_\_ Work \_\_\_ Cell \_\_\_ Email

Street Address \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of time at current address: \_\_\_\_\_ years \_\_\_\_\_ months

Residency Status: \_\_\_ Rent \_\_\_ Own \_\_\_ Other

**Required Eligibility Information**

Please choose the statement that best fits you.

\_\_\_ I am a person with developmental disabilities (DD)

\_\_\_ I am a family member of a person with DD who lives with me.

Age(s) of person with DD: \_\_\_\_\_ Name(s): \_\_\_\_\_

\_\_\_ I am none of the above.

*Please attach evidence of developmental disability. Acceptable documents include letters from case workers, physicians, or government agencies attesting that the qualifying individual meets the state definition of Developmental Disability as well as ADA status.*

**Home Preferences**

Do you currently own a home? \_\_\_ Yes \_\_\_ No Have you ever owned a home? \_\_\_ Yes \_\_\_ No

If yes, list the month and year that the home was sold: \_\_\_\_\_

Where would you like to purchase a home: \_\_\_\_\_

When are you hoping to purchase a home: \_\_\_\_\_

What type of home would you consider purchasing? Please check all that apply:

\_\_\_ Single Family Detached House \_\_\_ Townhome \_\_\_ Condominium

\_\_\_ Manufactured Home on Purchased Land (*No manufactured homes on rented land are allowed.*)

**Required Financial Information**

Number of Dependents: \_\_\_\_\_ Total Household size: \_\_\_\_\_

Current Rent: \_\_\_\_\_ Section 8 subsidy? \_\_\_Yes \_\_\_No

**Income** (Please list all sources of income for all members of your household as monthly amounts)

Employment(gross): _____/ mo.	Child Support: _____/ mo.
SS Disability (SSDI): _____/ mo.	SSI _____/ mo.
GA-S (Pregnancy): _____/ mo.	AFDC/ DSHS _____/ mo.
GAU/ ADATSA: _____/ mo.	Unemployment _____/ mo.
Other: _____/ mo.	

**Debts** (Please list both balance and payments on the following):

Type	Total Amount Owed	Monthly Payment Amount
1. <u>Auto Loan</u>	_____	_____
2. <u>Student Loan</u>	_____	_____
3. <u>Credit Cards</u>	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Optional Demographic Information**

*As a part of our efforts toward insuring equal housing opportunity, your help is needed in providing us with information about your personal background. This information will be considered confidential and used for statistical purposes only.*

**Race/ Ethnicity (check all that apply):**

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> White/ Caucasian
<input type="checkbox"/> Other _____		

**Marital Status:**

Married  Separated  Unmarried  Widowed  Divorced  Other

**Gender:**

Female  Male  Other

**Demographic information, cont.**

**Citizenship and Languages:**

Citizenship: \_\_\_ U.S. Citizen \_\_\_ Permanent Resident \_\_\_ Non-Resident

Country of Origin \_\_\_\_\_ Preferred Language \_\_\_\_\_

**Education:**

\_\_\_ No Diploma \_\_\_ H.S. Diploma \_\_\_ GED \_\_\_ Some college (not completed) \_\_\_ Vocational Certificate

\_\_\_ Associate's Degree \_\_\_ Bachelor's Degree \_\_\_ Master's Degree \_\_\_ Doctoral Degree

**Optional Releases**

Please initial to give consent.

**Advocates**

*Initials:* \_\_\_\_\_ I authorize PC2 to share my homeownership information with the people listed below.

*Initials:* \_\_\_\_\_ Please send copies of all materials to the people listed below.

Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Advocate 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Advocate 2: \_\_\_\_\_ Phone: \_\_\_\_\_

**Photography Release**

*Initials:* \_\_\_\_\_ I give permission for PC2 to use, without limitation or obligation, photographs, film footage, or tape recordings that may include an image or voice for purposes of promoting or interpreting PC2.

By signing below you certify and declare that the statements and representations made herein are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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