



Intake Form - Tell Us About Yourself

NAME: First _____ MI _____ Last _____ Suffix _____

SSN _____ DOB _____ Age _____ Male Female

Mailing Address _____ City _____

State _____ ZIP _____ Main Phone # _____ Email _____

Preferred Language:

- English
- Chinese Cantonese
- Chinese Mandarin
- French Creole
- Hebrew
- Hindi
- Italian
- Korean
- Russian
- Spanish
- Urdu
- Yiddish
- Other: _____

Total Co-Apps (include spouse): _____

Number in Household _____

Referral Source:

- Agency
- Housing Website
- Lender
- Mailer
- Realtor
- Realtor
- Word of Mouth

Race:

- American Indian/Alaskan Native
- American Indian or Alaska Native and Black or African American
- American Indian or Alaskan Native and White
- Asian
- Asian and White
- Black or African American
- Black or African American and White
- Choose Not to Respond
- Native Hawaiian or Other Pacific Islander
- Other multiple race
- White



Choctaw Nation

Housing Authority

HOUSING AUTHORITY OF THE CHOCTAW NATION OF OKLAHOMA

Hispanic: Choose not to respond Yes Hispanic Not Hispanic

Rural Status Household: Choose not to respond Household does not live in rural area
 Household lives in rural area

Are you head of Household? Yes No

Are you a veteran? Yes No

Are you foreign born? Yes No

English proficient? Choose not to respond Household is not English proficient
 Household is English proficient

Household Annual Income: County of Residence:

Current Residence: Rent Own Homeless Other
First Generation Home Buyer: Yes No
First Time Home Buyer: Yes No

Social Security Number: Monthly Income:

Ethnicity: Native American Mexican Puerto Rican
Disabled: Yes No
Disabled Dependent: Yes No

Education: College Junior College Other Graduate School Junior High School Primary High School/GED None Vocational

Marital Status: Married Single Choose Not to Respond Unknown
Active Military: Yes No

Are you related to anyone that is employed with the Choctaw Nation Housing Authority? Yes No

If yes: Name of employee:



Co-App Intake Form - Tell Us About Yourself

NAME: First _____ MI _____ Last _____ Suffix _____

SSN _____ DOB _____ Age _____ Male Female

Mailing Address _____ City _____

State _____ ZIP _____ Main Phone # _____ Email _____

Preferred Language: _____

Relationship to client: _____

Monthly Income: _____

Disabled: Yes No Hispanic: Yes No Choose not to respond

Are you a veteran? Yes No Are you foreign born? Yes No

- Race:
- American Indian/Alaskan Native
 - American Indian or Alaska Native and Black or African American
 - American Indian or Alaskan Native and White
 - Asian
 - Asian and White
 - Black or African American
 - Black or African American and White
 - Choose Not to Respond
 - Native Hawaiian or Other Pacific Islander
 - Other multiple race
 - White

Are you related to anyone that is employed with the Choctaw Nation Housing Authority? Yes No

If yes: Name of employee:

SUBMIT