



Neighborhood Housing Services  
 11 N. Sixth St. • Grand Haven MI 49417 • 616-935-3270  
 Fax: 616-844-2051  
 www.grandhaven.org/housingservices



## NHS New Client Intake Form

Please provide us with the following information. Information collected on this form is used by Neighborhood Housing Services only and is not shared with any other organization. Please answer all questions completely. If you have any questions about this form or how we will use this information, please ask us.

Name:		Date of birth:
Street address:		Phone:
City, State, ZIP		Gender: M F Other
Email:		Veteran? Yes No
Do you live in a rural area? Yes No	Active military? Yes No	Highest grade completed:
Marital status: Single Married	Current residence: Rent Own Other	

### *Demographic Information (collected for reporting purposes only)*

		Check		
<i>Ethnicity:</i>	Hispanic		How did you hear about our agency?	
	Not Hispanic			
<i>Race:</i>	American Indian/ Alaskan Native			
	Asian			
	Black/African American		Estimated annual household income	\$
	Native Hawaiian/Pacific Islander		Language spoken in household	
	White		Are you a first-time home buyer?	
	Other		Number of persons in household	

**Disclosure:** NHS is a nonprofit, HUD-approved, comprehensive housing counseling agency. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws. As a housing counseling program participant, you are not obligated to use the products and services of NHS or our industry partners

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