



**Mayor's Office of Housing  
& Community Development  
(MOHCD)**

**MOHCD Client Intake Form**

1. Review this form with client and complete all items
2. Refer to the instruction sheet to help with form completion
3. Keep on file for five years

First Name: \_\_\_\_\_ Last Name or Client ID: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number (Optional): \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Optional)

**1. Race and Ethnicity** Which best describes your race/ethnicity? (Mark ALL check boxes that apply)

**Indigenous**

- American Indian/Native American (Specific Group: \_\_\_\_\_)
- Indigenous from Mexico, the Caribbean, Central America or South America (Specific Group: \_\_\_\_\_)
- Other Indigenous \_\_\_\_\_

**Asian**

- Chinese
- Filipino
- Japanese
- Korean
- Mongolian
- Central Asian
- South Asian
- Southeast Asian
- Other Asian \_\_\_\_\_

**Black**

- African
- African American
- Caribbean, Central American, South American or Mexican
- Other Black \_\_\_\_\_

**Middle Eastern/West Asian or North African**

- North African
- West Asian
- Other Middle Eastern or North African \_\_\_\_\_

**Latino**

- Caribbean
- Central American
- Mexican
- South American
- Other Latino \_\_\_\_\_

**Pacific Islander**

- Chamorro
- Native Hawaiian
- Samoan
- Other Pacific Islander \_\_\_\_\_

**White**

- European
- Other White \_\_\_\_\_

**2. Gender Identity and Sexual Orientation**

**What is your gender?**

(Mark the ONE that best describes your current gender identity)

- Female
- Male
- Genderqueer/Gender Non-Binary
- Trans Female
- Trans Male
- Not Listed. Please Specify: \_\_\_\_\_
- Decline to Answer (Optional)

**How do you describe your sexual orientation or sexual identity?** (Mark ONE)

- Bisexual
- Gay/Lesbian/Same-Gender Loving
- Questioning/Unsure
- Straight/Heterosexual
- Not Listed. Please Specify: \_\_\_\_\_
- Decline to Answer (Optional)

**By what name do you wish to be called?** \_\_\_\_\_  
(Optional)

**What gender pronouns do you use? [Optional]**  
(Mark ONE)

- She/Her/Hers       They/Them/Theirs  
 He/Him/His       Not Listed. Please Specify:  
 \_\_\_\_\_  
 (Optional)

**4. Family Size and Income**

**Which best describes your family?** A family includes a single person or a group of people living together. (Mark ONE)

- Single Headed Family  
 Dual Headed Family

**5. Current Income Information**

(Review and circle the income level of the client. Number of persons in section 4. Family Size and Income must match this section. If number of family members is greater than eight persons, refer to instruction sheet.)

| Family of:            | 1 person            | 2 persons            | 3 persons            | 4 persons            | 5 persons            | 6 persons            | 7 persons            | 8 persons            |
|-----------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Extremely Low Income  | \$0 – 36,550        | \$0 – 41,800         | \$0 – 47,000         | \$0 – 52,200         | \$0 – 56,400         | \$0 – 60,600         | \$0 – 64,750         | \$0 – 68,950         |
| Low Income            | \$36,551-60,900     | \$41,801-69,600      | \$47,000-78,300      | \$52,201-87,000      | \$56,401-94,000      | \$60,601-100,950     | \$64,750-107,900     | \$68,950-114,850     |
| Moderate Income       | \$60,901-97,600     | \$69,601-111,550     | \$78,301-125,500     | \$87,001-139,400     | \$94,001-150,600     | \$100,951-161,750    | \$107,901-172,900    | \$114,851-184,050    |
| Above Moderate Income | \$97,601 or greater | \$111,551 or greater | \$125,501 or greater | \$139,401 or greater | \$150,601 or greater | \$161,751 or greater | \$172,901 or greater | \$184,051 or greater |

**6. Income Certification**

**Do you receive any type of public benefits assistance?**  
(Mark ALL that apply)

- CalWorks  
 CalFresh  
 Cash Assistance Linked to Medi-Cal (CALM)  
 Cash Assistance Program for Immigrants (CAPI)  
 County Adult Assistance Program (CAAP)  
 Medi-Cal  
 Refugee Cash Assistance  
 Social Security Disability Insurance (SSDI)  
 Supplemental Security Income (SSI)

**3. Language**

**What is your primary language spoken at home?**  
(Mark ONE)

- Chinese – Cantonese       Russian  
 Chinese – Mandarin       Spanish  
 English       Vietnamese  
 Filipino       Other Language. Please Specify:  
 \_\_\_\_\_  
 (Optional)

**Number of persons living in your family (including yourself):**  
\_\_\_\_\_

**Estimated income for next 12 months for all adult members:**

\$ \_\_\_\_\_

**What source(s) of information were used to verify your income?** (Mark ALL that apply)

- Public Benefits (mark here if you chose any option to the left)  
 Payroll Stub  
 Tax Return  
 Unemployment Benefits  
 Veteran's Benefits  
 Rental Assistance (e.g., Section 8 voucher)  
 Placed in Foster Care  
 Self-Certified. Please explain: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized U.S. Department of Housing & Urban Development (HUD) officials for federally-funded grants.

**CLIENT**

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Parent/Client Signature

\_\_\_\_\_  
Date

**INTERVIEWER**

\_\_\_\_\_  
Interviewer Printed Name

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Date