

Shared Living Solutions INTAKE FORM

Office Use Only:

| | | | |
|-------------------------|--|--------------------|-----------|
| Home: | | Room# | |
| Move-In Date | | Rent Amt. | \$ |
| End of Probation | | Fee/Deposit | \$ |

Resident - General Information

First Name: _____ Middle Name: _____

Last Name: _____ NickName: _____

Phone #: (____) _____ - _____ Email: _____

Secured Information

Date Of Birth: ____ / ____ / ____ SSN/ITIN #: ____ - ____ - ____

ID/DL#: _____ Military ID #: _____

Marital Status: _____ Spouse's Name: _____

Phone: _____

Financial Information

Monthly Income 1: \$ _____ Source 1: _____

Monthly Income 2: \$ _____ Source 2: _____

Other Monthly Income: \$ _____ Available Savings: \$ _____

Expenses: Cell Phone; Car; Loans; Other _____

What is the total of your monthly expenses? \$ _____

Emergency Information

Emergency Contact Information

First Name: _____ Last Name: _____

Phone #: (____) _____ - _____ Email: _____

Relationship To You: _____

First Name: _____ Last Name: _____

Phone #: (____) _____ - _____ Email: _____

Relationship To You:: _____

Kids/Sex/Age: _____

Are they going to be living with you? If YES, please explain:

Medical Information

Do you have Medical Insurance?

Provider: _____ Health Card ID#: _____

Group # _____ Contact #: (____) _____

Do you have any allergies or dietary restrictions? *Provide details below.*

List Food/ Beverages:

List Medications:

Other:

Do you have any chronic medical issues we should be concerned about? (Example: Diabetes, COPD, etc.) *Please provide details below:*

Do you have any special medical equipment?

Desired Location (Circle One): NW, NE, SW, SE, Central

Can you walk independently? (Circle) Yes No Sometimes If No or Sometimes

Explain: _____

Can you participate in household cleaning and chores? (Circle) Yes No If No or

Sometimes Explain: _____

Can you bathe and dress yourself? (Circle) Yes No

If No or Sometimes Explain: _____

Do you bathe every day? (Circle) Yes No

If No or Sometimes Explain: _____

Do you have any issues with bladder control? (Circle) Yes No Sometimes If No or

Sometimes Explain: _____

Do you smoke? (Circle) Yes No

IF YES, please explain:

Are you on Probation or Parole? Yes No

If Yes, provide information:

Probation/Parole Officer Name: _____ End Date: ___/___/___

Probation/Parole Contact #: (____)_____-_____

Corrections #: _____

Are you recovering from any addictions that we should be aware of? (Circle) Yes No

IF YES, please explain:

What time do you normally go to bed? _____

Do you have any regular medical appointments? Please explain.

List food items that you do not like:

Meats: _____

Vegetables: _____

Other: _____

List your favorite foods:

Meats: _____

Vegetables: _____

Other: _____

List Activities you enjoy doing:

List concerns you may have living with a roommate?

Do you volunteer anywhere?

List ANYTHING else we should be concerned about.

The information I have provided above is true and accurate to the best of my knowledge. I understand that if I have not provided true and accurate information that it will be grounds for eviction.

Signature: _____ **Date:** _____

OFFICE USE ONLY:

Circle Yes if applicable

| | |
|--|------------|
| Copy of ID/DL | Yes |
| Copy of Proof of Military Service** | Yes |
| Proof of Income - Confirmation | Yes |
| Move-In Fee Received | Yes |
| Deposit Received | Yes |
| Initial Rent (Prorated) Received | Yes |
| License Agreement/Rules Signed | Yes |

