



Rental Counseling
 3605 Long Beach Blvd. Ste. 302, Long Beach, CA 90807
 2300 E. Katella Ave. Ste. 405, Anaheim, CA 92806
 www.fhfca.org
 (800) 466-3247 Fax: (562) 989-1836

REQUIRED DOCUMENTS FOR RENTAL COUNSELING APPOINTMENT

Appointment Date: _____ **Time:** _____

Please Note:

- You **MUST** bring the following documents to your counseling session in order to receive counseling.
 - You are **REQUIRED** to take everything out of its envelopes and remove **ALL** staples before arrival.
 - You are **REQUIRED** to **Redact/Blackout** sensitive information.
 - Social Security #(s) or Last 4 digits of SSN(s), Alien Registration #(s), and Financial account number(s)
1. **Two (2) most recent bank statements for all open accounts** (Include all pages even if they are blank)
 2. **Proof of any type of income** (For example, pay stubs, Y.T.D. profit & loss, unemployment award letter, disability, pension, retirement, Social security, children support or alimony, current unemployment pay stub, etc)
 3. **Tax return, W2's, or 1099 form** (If you are self-employed, you must provide the last two years of tax returns)
 4. **Recent utility bills** (bring one of each: electrical, gas, trash and water)
 5. **Most recent rental agreement** (If available)
 6. **Client Intake form** (Completed)
 7. **Credit Report** (You can request a free copy online at www.annualcreditreport.com or call 877-322-8228)



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My household type is....

- | | | | |
|-----------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Single Adult | <input type="checkbox"/> Married | <input type="checkbox"/> Cohabiting | <input type="checkbox"/> Single female-headed household with dependents |
| <input type="checkbox"/> Single male-headed household with dependents | <input type="checkbox"/> Roommates/ unrelated adults | <input type="checkbox"/> Living with non-spousal family members (parents, siblings, etc) | <input type="checkbox"/> Other: (specify) _____ |

Family household size: _____ Languages Spoken(Specify): _____

Part Two. Your Employment Status

Name 1's Employment Status

- | | | |
|---------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Seasonally |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, receiving no benefits | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify): _____ |

**Name 1
Employer:**

Address:

_____ *Address* _____ *City & State* _____ *Zip*

**Dates of
Employment:** _____ to _____

Work Phone: _____

**Previous
Employer:**

Address:

_____ *Address* _____ *City & State* _____ *Zip*

**Dates of
Employment:** _____ to _____

Work Phone: _____

Part Two. Your Employment Status

Name 2's Employment Status

- | | | |
|---------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Employed Full-time | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Seasonally |
| <input type="checkbox"/> Unemployed, receiving benefits | <input type="checkbox"/> Unemployed, receiving no benefits | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Disabled, receiving benefits | <input type="checkbox"/> Retired | <input type="checkbox"/> Other (specify): _____ |

**Name 1
Employer:**

Address:

_____ *Address* _____ *City & State* _____ *Zip*

**Dates of
Employment:** _____ to _____

Work Phone: _____

**Previous
Employer:**

Address:

_____ *Address* _____ *City & State* _____ *Zip*

**Dates of
Employment:** _____ to _____

Work Phone: _____



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Part Three. Your Housing Status and Housing Goals

My current housing status is:

- | | | |
|------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Renting/leasing | <input type="checkbox"/> Homeowner with mortgage(s) | <input type="checkbox"/> Homeowner (no mortgage debt) |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Boarder (renting) | <input type="checkbox"/> Living with family (renting/not renting) |

Other: _____

Do you currently receive rental assistance subsidies? Yes No If yes, please specify: _____

My housing goal is to... *Check all that apply:*

- | | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Buy a home (pre-purchase counseling) | <input type="checkbox"/> Prevent foreclosure | <input type="checkbox"/> Obtaining rental housing (<i>continue to Part Four</i>) |
| <input type="checkbox"/> Transition from homelessness | <input type="checkbox"/> Obtain a reverse mortgage | <input type="checkbox"/> Get credit and budgeting counseling (<i>continue to Part Four</i>) |
| <input type="checkbox"/> Discuss a fair housing rights violation (<i>continue to Part Four</i>) | | |

Part Four. Your Rental Information

If you are currently Renting, how long have you been renting? _____ Years _____ Months **Check all that apply:**

- | | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> I pay market rent | <input type="checkbox"/> I receive a rent subsidy and/or public housing resident | <input type="checkbox"/> I am a Section 8 recipient |
| <input type="checkbox"/> I am facing eviction | <input type="checkbox"/> I am delinquent with my rent and need assistance | <input type="checkbox"/> I am delinquent with utilities and need assistance |
| <input type="checkbox"/> I am interested in filing a fair housing claim. Specify reason(s): _____ | | |

Reason for difficulty:

- Divorce Disability Marital Separation Decrease in income Increase in expenses Medical hardship
 Other: _____

Has your hardship ended? Yes No

Questions related to your credit history?

1. Are there any outstanding judgments against you? Yes No
2. Have you declared bankruptcy within the past seven years? Yes No I am currently in a bankruptcy plan.
3. Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? Yes No



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Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

Income Type	Name 1		Name 2	
	Monthly Income		Monthly Income	
	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
1. Salary/Wage Earnings	\$	\$	\$	\$
2. Rental Income	\$	\$	\$	\$
3. Child Support/Alimony	\$	\$	\$	\$
4. Social Security	\$	\$	\$	\$
5. Pension Income	\$	\$	\$	\$
6. Dependent SSI Income	\$	\$	\$	\$
7. Disability Income	\$	\$	\$	\$
8. Unemployment Income	\$	\$	\$	\$
9. Public Assistance Income	\$	\$	\$	\$
10. Other:	\$	\$	\$	\$
11. Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$
Total COMBINED Gross:	\$			
Total COMBINED Net:	\$			

Average Monthly Debts	Name 1	Name 2
1. Rent	\$	\$
2. Car Payment(s)	\$	\$
3. Car Insurance	\$	\$
4. Credit Cards (Total)	\$	\$
5. Childcare/Daycare	\$	\$
6. Child Support/Alimony	\$	\$
7. School Tuition	\$	\$
8. Medical Debt:	\$	\$
9. Transportation/Gas	\$	\$
10. Student Loan Debt	\$	\$
11. Cell Phone(s)	\$	\$
12. Household Utilities – Water & Trash	\$	\$
13. Household Utilities- Electric	\$	\$
14. Household Utilities - Gas	\$	\$
15. Food (Groceries +Eating Out)	\$	\$
16. Other:	\$	\$
Total:	\$	\$
Total COMBINED Costs:	\$	

Now, refer to your COMBINED net income on the previous page. Subtract your COMBINED costs as added on the right. This represents your monthly cash flow. Complete the calculation below.

Taking my combined monthly net income of
 \$ _____

and subtracting my combined monthly costs of
 \$ _____

equals \$ _____

I/we have POSITIVE or NEGATIVE cash flow.



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Total Value, Liquid Assets:		Total Value, Hard Assets:	
1. Stocks/Bonds/CDs:	\$	1. Owner Occupied Property Value	\$
2. Savings Account:	\$	2. Investment Property Value	\$
3. Checking Accounts:	\$	3. Other:	\$
4. Other:	\$	4. Other:	\$
Total Value:	\$	Total Value:	\$

Name 1 Signature: _____ **Date:** _____

Name 2 Signature: _____ **Date:** _____