



Client Contact Form

Head of Household: _____
(First Name) (Last Name)

Gender: _____ (Female) _____ (Male) _____ (Transgender) _____ (Non-Binary) _____ (Other)

Race/Ethnicity: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____ Age: _____

Phone: _____ - _____ - _____

Email: _____

_____ I consent to provide any accurate/pertinent information needed for the enrollment processing regarding my request for rental assistance.

Questions

Who referred you to our agency? _____

Which of the best describes your family dynamic? **Please choose only one.**

- ___ Single Adult
- ___ Family without Minor Children
- ___ Family with Minor Children
- ___ Senior 55+
- ___ Head of household with disability income



What is your current household size? _____

Number of Adults in the household, including yourself: _____

Number of Children in the Household (Under 18): _____

Please complete the information below for **ALL** family members living/will be in the household.

	<i>First</i>	<i>Last</i>	<i>D.O.B</i>	<i>Social Security Number</i>	<i>Age</i>
1.)			___/___/___	___ - ___ - ___	
2.)			___/___/___	___ - ___ - ___	
3.)			___/___/___	___ - ___ - ___	
4.)			___/___/___	___ - ___ - ___	
5.)			___/___/___	___ - ___ - ___	
6.)			___/___/___	___ - ___ - ___	
7.)			___/___/___	___ - ___ - ___	

What county are you located in? **Please choose only one.**

___ Desoto

___ Glades

___ Hardee

___ Hendry

___ Highlands

___ Okeechobee

Are you a Veteran? ___ Yes ___ or ___ No

Were you affected by a disaster i.e., hurricane IAN? ___ Yes ___ or ___ No



Does the head of the household have income? Yes or No

What is your household's total monthly income? _____

Where did you sleep last night? _____

Please fill out the below information.

<i>(Street Address)</i>	
_____	_____
<i>(City)</i>	<i>(State/ Province/ Region)</i>
_____	_____
<i>(Postal/ Zip Code)</i>	<i>(Country)</i>

What service are you seeking? **Please choose only one.**

I am currently behind on my rent

I am homeless and need help moving into a place I have found.

I need help with finding a shelter



Please provide a detailed description of your current crisis:

(Head of Household Printed Name)

(Head of Household Signature)

Date

You may submit your completed Application via one of the following ways:

- **Email:** *Info@heartlandcoalitionforthehomeless.org*
- **Fax Number:** *(863) 453 – 8903*
- **Office Location:** *752 US Highway 27 N.
Avon Park, FL 33825*
- **Postage Mail:** *Heartland Coalition for the Homeless
Post office Box 1023
Avon Park, FL 33826*

For further information, Please contact our agency at (863) 453 – 8901!!!