



## **COVID19 RELIEF CLIENT INFORMATION FORM**

Black Hills Community Loan Fund would like to learn how we and others we partner with can best suit your needs. To assist us in this process, please complete our customer information form.

The information you provide will remain confidential. We will not release your individual information to any other party, individual, or government agency without your prior written consent and approval.

A summary of the collective data about our clients will be used to report to our funding sources and the public about the impact of our services on the people and communities we serve. Information will also be used to help our staff provide better services and to track and evaluate the impact of these services.

### **GENERAL INFORMATION**

**Please print your responses.**

**Date you completed this form:** \_\_\_\_\_ **Social Sec. No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Are you a veteran?** \_\_\_\_ no \_\_\_\_ yes **Branch** \_\_\_\_\_

**Tribal Membership (if applicable):** - Enrollment # \_\_\_\_\_

**Tribe:** \_\_\_\_\_

**Have you ever received services in the past from Black Hills Community Loan Fund?** \_\_\_\_ Yes \_\_\_\_ No

If yes, what year did you receive services? \_\_\_\_\_

**Has the COVID 19 pandemic affected your household income?** Yes \_\_\_\_ No \_\_\_\_

If so, please explain:

**EMERGENCY CONTACT INFORMATION**

**Who is a relative or friend who would know how to contact you, even if you move?**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

*“Household” includes: 1.) your financial dependents—for example, your dependent children, 2.) anyone you depend on financially—for example, your parents, or 3.) anyone you are financially interdependent with—for example, your spouse or partner. Your “household” may or may not be the same as the people you live with.*

**How many adults (18 yrs and older) currently live in your household?** \_\_\_\_\_

**How many children (under 18 yrs) currently live in your household?** \_\_\_\_\_

**What is your marital status?** \_\_\_ Single \_\_\_ Married \_\_\_ Divorce \_\_\_ Separated

**INCOME INFORMATION**

**Do you have a checking account?** \_\_\_ Yes \_\_\_ No **Do you have a savings account?** \_\_\_ Yes \_\_\_ No

**What is your typical gross (before taxes) monthly household income (all household members)?** \$ \_\_\_\_\_

**What is your gross (before taxes) annual household income (all household members)?** \$ \_\_\_\_\_

**Which of the following sources provide income for members of your household?**

- \_\_\_ Employed by Private Corporation
- \_\_\_ Employed by Government Agency
- \_\_\_ Self-Employed
- \_\_\_ Other (please specify) \_\_\_\_\_
- \_\_\_ Child Support or Alimony
- \_\_\_ Pensions or Retirement
- \_\_\_ Government Assistance (*TANF, Food Stamps, SSI, Social Security, Voc. Rehab, Unemployment, Veterans’ Benefits*)

**EMPLOYMENT INFORMATION**

**What is your personal primary employment status (*choose one*)?**

- \_\_\_ Employed full-time (*for yourself or others*)
- \_\_\_ Employed more than full-time (*overtime or more than one job, for yourself or others*)
- \_\_\_ Unemployed, currently seeking employment
- \_\_\_ Homemaker, not seeking employment
- \_\_\_ Disabled, not seeking employment
- \_\_\_ Employed part-time (*for yourself or others*)
- \_\_\_ Working, plus attending school or job training
- \_\_\_ Laid off, waiting to be called back
- \_\_\_ Retired, not seeking employment

**Current Employer:** \_\_\_\_\_ **Your Job Title:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**How long have you worked for this employer?** \_\_\_\_\_

**NEED FOR SERVICES**

**Are you interested in improving your money management skills?** \_\_\_ Yes \_\_\_ No

If yes, what types of areas would you like assistance with?

- \_\_\_ Budgeting \_\_\_ Getting Credit \_\_\_ Credit Counseling \_\_\_ Reducing Debt  
\_\_\_ Banking \_\_\_ Improving Credit \_\_\_ Saving Money \_\_\_ Understanding Your Credit Report  
\_\_\_ Other (please describe): \_\_\_\_\_

**Do you Rent or Own your own home?** \_\_\_ Rent \_\_\_ Own For how long? \_\_\_\_\_

**Do you need help with rent, and/or utilities due to COVID19 pandemic?** Yes \_\_\_ No \_\_\_

**Rental or mortgage company:** \_\_\_\_\_ **Amount past due:** \_\_\_\_\_

**Landlord name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Acct #:** \_\_\_\_\_

Utility company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Acct #: \_\_\_\_\_

Is this account suspended or shut off? \_\_\_\_\_ If so, how much is past due? \_\_\_\_\_

Utility company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Acct #: \_\_\_\_\_

Is this account suspended or shut off? \_\_\_\_\_ If so, how much is past due? \_\_\_\_\_

Utility company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Acct #: \_\_\_\_\_

Is this account suspended or shut off? \_\_\_\_\_ If so, how much is past due? \_\_\_\_\_

**Would you like assistance any of the following areas?**

- \_\_\_ Tax Assistance \_\_\_ Individual Credit Coaching  
\_\_\_ A Credit Builder Loan \_\_\_ Homebuyer Education  
\_\_\_ Home Loan Products \_\_\_ Financial Literacy (Understanding your credit/saving money)

Other: \_\_\_\_\_

**GENDER, ETHNICITY, AND RACE INFORMATION**

The following information is requested by the federal government in order to monitor compliance with federal laws prohibiting discrimination against applicants or recipients on the basis of ethnicity, race and gender. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish the information, Black Hills Community Loan Fund is required to note the ethnicity, race, and gender of individual applications based on visual observation or surname.

I do not wish to furnish gender, ethnicity, and race information. Your Initials: \_\_\_\_\_

I will furnish the information: *(Please complete section below)*

**Gender:**  Female  Male

**Ethnicity:**  Hispanic  Non Hispanic

**Race:**  Native American  Caucasian  African American

Pacific Islander  Asian  Other *(please specify)* \_\_\_\_\_

**REQUIRED DOCUMENTATION:**

Please provide the following documentation with your application. (Additional documents may be required.)

- ✓ Copy of Drivers License or ID
- ✓ Copy of Tribal enrollment card (if applicable)
- ✓ Copy of current bill statements
- ✓ Copy of lease or mortgage payment owed
- ✓ Copy of 3 months pay stubs

**CLIENT CERTIFICATION AND PERMISSION FOR ACCOUNT ACCESS**

**My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. My signature also gives Black Hills Community Loan Fund my permission to access to utility, mortgage or leasing agents.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***For Office Use Only***

Date Client Intake Form Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Intake Form Reviewed By: \_\_\_\_\_

Date Client Met with Staff \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Staff Who Met with Client \_\_\_\_\_

Client Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Paper File Established \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Data Entered in TEA \_\_\_\_ / \_\_\_\_ / \_\_\_\_

BNC finish date: \_\_\_\_\_