***PUTNAM*** ***County Housing Corporation***

CLIENT INFORMATION

All of the information that I/We provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature (A) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature (B) Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **INFORMATION** | **CLIENT A** | **CLIENT B** |
|  |  |  |
| ADDRESS |  |  |
|  |  |  |
| HOME PHONE |  |  |
| CELL PHONE |  |  |
| WORK PHONE |  |  |
| EMAIL ADDRESS |  |  |
| SOCIAL SECURITY NUMBER |  |  |
| DATE OF BIRTH |  |  |
| MARTIAL STATUS |  |  |
| EDUCATION LEVEL |  |  |
| ACTIVE MILITARY |  |  |
| GENDER |  |  |

TOTAL NUMBER IN HOUSEHOLD\_\_\_\_\_\_\_\_\_