



Pivot Point Housing Consultants

DATE: _____ EMAIL: _____

NAME: (please print)

SPOUSE/PARTNER: (if applicable)

ADDRESS:

Street:

City, State

ZIP Code:

How long at
current
address?

If less than 2 years,
previous address:

Do you live in

☐ Rural Area
☐ Urban Area

Do you:

☐ Own ☐ Rent

☐ Live with
friend/family Amt paid
per month
\$_____

PHONE:

Home/Cell: _____

Work: _____

We will not contact your employer

Marital Status

Single ☐

Married ☐

Divorced ☐

Widowed ☐

Separated ☐

Gender: M ☐
F ☐

Date of Birth:

____/____/____
__ Age: _____

Number of people
in your
household:

Spouse/Partner :

Gender M ☐
F ☐

Date of Birth:

(Spouse/Partner)
____/____/____
__ Age: _____

List below people who live with you.

Name

Age

Relationship

Name

Age

Relationship

Do you receive a "Section 8" Voucher? ☐ Yes ☐ No

Are there individuals with disabilities in your household? Yes ☐ No

Do you receive Food Stamps? No____ Yes ____ Amount_____

Place of Employment: _____ Occupation: _____

Length of Employment: _____ Years _____ Months \$ _____ Monthly Salary/Wage

(Spouse/co-Borrower)POE: _____ Occupation: _____

Length of Employment: _____ Years _____ Months \$ _____ Monthly Salary/Wage Household

Gross Annual Income: \$ _____ Monthly Net Income \$ _____