2nd Chance Pathways

INTAKE FORM

Home:		**Room#**	
Move-In Date	/ / 2025	**Rent Amt.**	**$**
End of Probation	/ / 2025	**Fee/Deposit**	**$**

Resident - General Information

First Name: _____ Middle Name: _____

Last Name: _____ NickName:_____

Preferred Pronoun: _____ Gender Identity: _____

Phone #: (_____)_____-_____ Email: _____

Secured Information

Date Of Birth: _____/_____/_____ SSN/ITIN #: _____ -_____-_____

ID/CDL#: _____ Military ID #: _____

Marital Status: _____ Spouse's Name: _____ Phone:

_____

Financial Information

Monthly Income 1: $_____ Source 1: _____

Monthly Income 2: $_____ Source 2:_____

Other Monthly Income: $ _____ Available Savings: $_____

Expenses: Cell Phone Car Loans Other

What is the total of your monthly expenses? $_____

Emergency Information

Emergency Contact Information

First Name: _____ Last

Name:_____ Phone #: (_____)_____-_____

Email: _____ Relationship To You:

_____

First Name: _____ Last

Name:_____ Phone #: (_____)_____-_____

Email: _____ Relationship To You::

_____

Medical Information

Do you have Medical Insurance?

Provider: _____ Health Card #: _____

Contact #: (____) _____

Do you have any allergies or dietary restrictions? *Provide details below.*

List Medications:

List Food/ Beverages:

Other:

Do you have any chronic medical issues we should be concerned about? (Example: Diabetes, COPD, etc.) *Please provide details below:*

Do you have any special medical equipment?

Have you been exposed to someone with COVID-19?(Circle) Yes No IF YES,

please explain:

_____

_____

Are you currently experiencing any of the symptoms listed below? (Circle) Fever Dry

Cough Flu-like Symptoms

Resident Suitability Questionnaire ***

Can you walk independently?(Circle) Yes No Sometimes If No or Sometimes

Explain:_____

_____

Can you participate in household cleaning and chores?(Circle) Yes No If No or

Sometimes Explain:_____

_____

Can you bath and dress yourself? (Circle) Yes No

If No or Sometimes Explain:_____

_____

Do you bath every day? (Circle) Yes No

If No or Sometimes Explain:_____

_____

Do you have any issues with bladder control?(Circle) Yes No Sometimes If No or Sometimes Explain:_____

_____

Are you on Probation or Parole? Yes No

If Yes, provide information:

Probation/Parole Officer Name: _____ End Date: ___/____/____

Probation/Parole Contact #: (_____)_____-_____ CDC #: _____

Resident Suitability Questionnaire Continued

Do you smoke? (Circle) Yes No

IF YES, please explain:

_____

_____

Are you recovering from any addiction that we should be aware of?(Circle) Yes No IF YES, please explain:

_____

_____

What time do you normally go to bed? _____ PM

Do you have any regular medical appointments? Please explain.

_____

_____

List food items that you do not like:

Meats: _____

Vegetables: _____

Other: _____

List your favorite foods:

Meats: _____

Vegetables: _____

ther: _____

Resident Suitability Questionnaire Continued

List Activities you enjoy doing:

_____

_____

List concerns you may have living with a roommate?

_____

_____

Do you work or volunteer anywhere?

_____

_____

List ANYTHING else we should be concerned about.

_____

_____

_____

_____

_____

_____

_____

The information I have provided above is true and accurate to the best of my knowledge. I understand that if I have not provided true and accurate information that it will be grounds for eviction.

Signature: _____ Date: _____

OFFICE USE ONLY: **Circle Yes if applicable**

Temperature Check (enter temperature taken)	**_____ F**
Copy of ID/CDL	**Yes**
Copy of Proof of Military Service**	**Yes**
Proof of Income - Confirmation	**Yes**
Move-In Fee Received	**Yes**
Deposit Received	**Yes**
Initial Rent (Prorated) Received	**Yes**
COVID-19 Disclaimer Signed	**Yes**
License Agreement Signed	**Yes**
Pool Waiver Signed	**Yes**
