

Preliminary Assessment

Name: _____

Address: _____ County: Choose an item.

Phone number: _____

Email: _____

What is your primary need? (please describe in one or two sentences) _____

What do you hope will result from receiving our services? _____

Please check which of the services provided by A Hand Up you are interested in:

- Counseling and coaching in the following areas: pre-purchase, non-delinquency post purchase, foreclosure prevention, reverse mortgage, fair housing, rental issues, budget and financial
- Educational workshops in the following areas: pre-purchase, post-purchase home maintenance, developing financial capabilities, how to build a better spending plan, fair housing
- Section 502 Direct Loan packaging

For counseling and Section 502 Direct Loan packaging: To receive services we will need to schedule an appointment and establish you as a client. You will need to bring in additional documentation, as described in the Intake Packet we'll provide to you.

For educational workshops only: We will provide you with a schedule of upcoming classes. Once you receive the schedule, please be sure to register, as classes do fill up.

For Staff Use Only:

Appointment Scheduled Class Schedule Provided No follow-up desired

Referred to following: _____