



## Home Retention Program Intake Form

<b>Head of Household</b>		
Name:  _____	Gender:	
<i>First</i> <i>MI</i> <i>Last</i>		
Address:  _____  _____	Date of Birth:	
<i>City</i> <i>State</i> <i>Zip</i>		
Home telephone:	Email:	Are You a Veteran?
Cell phone:	What is your primary language?	Do you live in a rural area?

<b>Household Information</b>		
Total household size:  Total number of children under 18 years of age living in the home:	Estimated total household income for 2021/22  \$ _____ / Year <small>(Include all sources of income before deductions for ALL household members, including: wages, overtime, unemployment, tips, bonuses, social security and pension income. Copies of pay stubs and tax returns may be requested to verify income.)</small>	How many years have you owned your home?
How did you hear about the Homeownership Retention Program?		
<input type="checkbox"/> Referred By: _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: _____		
What are you seeking assistance with today?		
<input type="checkbox"/> Financial Counseling <input type="checkbox"/> Property Tax Deferral <input type="checkbox"/> City Code Violation(s) <input type="checkbox"/> Maintaining Home Insurance <input type="checkbox"/> Pre-Foreclosure <input type="checkbox"/> Foreclosure <input type="checkbox"/> Urgent Home Repair <input type="checkbox"/> Other: Workshop		

<b>For Office Use Only:</b>	<i>0% - 30% MFI</i>	<i>31% - 50% MFI</i>	<i>51% - 60% MFI</i>	<i>61% - 80% MFI</i>
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**Self- Identification**

Program funding requires us to ask for HUD defined racial and ethnic identification. Please understand these are defined by the government and not by our communities. Please mark all that apply to you.

- |  |   |
|--|---|
| <input type="checkbox"/> Black/African American        | <input type="checkbox"/> Asian                            |
| <input type="checkbox"/> Native American/Alaska Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian American                | <input type="checkbox"/> White                            |
| <input type="checkbox"/> African                       | <input type="checkbox"/> Other:                           |
| <input type="checkbox"/> First Nations                 | _____   |
| <input type="checkbox"/> Latino(a)/Hispanic/Chicano(a) |   |

Do you have medical insurance? Yes No

If yes, which type?  Medicare  Medicaid  Private

If No, would you like assistance with applying for insurance? \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Home Retention Program  
Intake Form



## Home Retention Program Needs Assessment

### Home Ownership Status

1. Have you received a notice of default? If yes, when?

2. Do you have a foreclosure sale date? If yes, when?

3. What type of loan do you have?

FHA  VA  Conventional  Other:

4. Are you current on your mortgage? If no, how many months behind are you?

5. Who is your mortgage servicer? What is your current interest rate?

6. What is your mortgage payment? Does it include property taxes/insurance? If no, list amounts:

7. Do you have a reverse mortgage? If yes, who is the trustee?

8. Do you have any liens or judgments against the property? Please describe.

9. Are you current on your property taxes? If no, list amount in arrears:

10. Do you have homeowner's insurance?

11. Do you have any outstanding code violations? If yes, list amount:

12. What do you currently owe on your home.

Service Point Client ID:

Counselor:

Date:

CounselorMax Client ID:



**Homeownership Retention Program  
Home Repair Information**

PCRI provides free home repair assistance, comprehensive home assessment, and informational workshops. Home repair services are limited by cost of repairs, availability of funding, and demand for services.

**Eligibility**

- Homeowner must be 55 or older
- Home must be in City of Portland
- Home must demonstrate need for repairs
- Home must be a single-family residence and primary dwelling (owners of multiple properties are not eligible)
- Household must meet income eligibility requirements:
  - Gross household income at 80% or below the area median family income
  - Income will be calculated for all household members over 18 years of age. Copies of pay stubs and tax returns may be requested to verify income.
- Homeowners must demonstrate that the following items are current or will be made current upon completion of the repair:
  - Mortgage Loan Payment (if applicable)
  - Homeowners Insurance
  - Property Taxes

**2021 Multnomah County Income Limits**

1-Person Family	2-Person Family	3-Person Family	4-Person Family	5-Person Family	6-Person Family	7-Person Family	8-Person Family
\$54,150	\$61,900	\$69,650	\$77,350	\$83,550	\$89,750	\$95,950	\$102,150

**Home Repairs**

PCRI provides financial assistance for urgent home repairs. Eligible repairs include health and safety items that could affect the well-being of the occupant(s):

- Plumbing repairs (broken toilets, sinks, and leaks)
- Replacement or repairs to faucets and fixtures
- Electrical/mechanical repairs (switches, outlets, lights, thermostats, fluorescent fixtures)
- Repairs to stairs, handrails, and porches
- Water heater repair or replacement, air conditioner or evaporative cooler repair or replacement
- Repair to flooring/ceiling due to water damage
- Roof Referrals
- Installation of locks and deadbolts
- Repairs to main water lines
- **Ineligible items include:** routine maintenance, cosmetic repairs, landscaping, tree trimming or fence repairs (unless a safety hazard exists), remodel work, and painting.



## Home Retention Program Application Form

### Home Repair Application Form

SECTION 1 – HOUSEHOLD INFORMATION	
Full Name of Homeowner:	AGE:
Full Name of Spouse/Co-Owner:	AGE:
Property Address:	
City:	Zip Code:
Number of Years at this Address:	
Home Phone #:	Cell Phone #:

SECTION 2 – SPECIAL NEEDS
Is anyone in the home disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , please describe below:
Do you or any of the applicants require interpretation? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , in what language:

SECTION 3 – HOUSEHOLD INCOME					
Please indicate the gross monthly income figure for each member	Homeowner	Spouse/Co-Owner	Household Member with Income	Household Member with Income	Non-Household Member listed on Property Title
Wages/Salary	\$	\$	\$	\$	\$
Net Business Income	\$	\$	\$	\$	\$
Unemployment/Disability/WC	\$	\$	\$	\$	\$
Social Security Benefit	\$	\$	\$	\$	\$
Disability/SSI	\$	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$	\$
Foster Parent income	\$	\$	\$	\$	\$
Military/Veteran Pay	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$



**Home Repair Application Form**

SECTION 4 - REQUESTED REPAIRS	
<p>Briefly describe the type of repairs needed on your home. Attach a separate sheet of paper if you need additional space. <b>Please understand that items listed below will be considered but the final decision regarding repairs provided is at the discretion of PCRI.</b></p>	
AREA OF NEED	DESCRIPTION OF REPAIR NEED
<p><b>Accessibility Modifications:</b> Example: Wheelchair ramp, bathroom grab bars, accessible shower stall, etc.</p>	
<p><b>Carpentry repairs:</b> Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places where repairs are needed.</p>	
<p><b>Electrical repairs:</b> List rooms where wall outlets, switches and light fixtures do not work.</p>	
<p><b>Plumbing repairs:</b> Describe sink, tub or toilet leaks, etc.</p>	
<p><b>Roofing Repairs:</b> Identify where roof leaks.</p>	
<p><b>Painting:</b> List all interior and exterior painting requirements.</p>	
<p><b>Doors and Windows:</b> Describe repairs required, including locks, glass, and frames and weather-stripping.</p>	
<p><b>General Cleaning:</b> Indicate if there is cleaning and/or trash removal required. Identify if yard work is necessary.</p>	
<p><b>Other:</b> Identify other repairs requested but not listed above.</p>	

SECTION 5 – SHARING APPLICANT INFORMATION
<p>PCRI has partnerships with other nonprofit organizations that can provide free or low-cost home repair/energy efficiency information/services to low income families.</p> <p>May we share your contact information and/or any application details with them?</p> <p><input type="checkbox"/> Yes, I consent</p> <p><input type="checkbox"/> No, I do not consent</p>



Home Retention Program  
Application Form

**Home Repair Application Form**

SECTION 5 – APPLICANT AGREEMENT	
<ul style="list-style-type: none"> <li>I/We certify that the information on this application is true and accurate and that I /we own the property at the address given on this application.</li> <li>I/We agree that if PCRI selects my/our home to be repaired, photos of the applicant(s), household members and/or the home may be taken and a bio/summary about the applicant(s) and/or project may be written and shared with the general public or utilized for public relations, promotional or program development purposes</li> <li>I/we understand that the PCRI is a nonprofit with limited resources and cannot afford to provide or guarantee assistance for each applicant. Consequently, I/we agree that PCRI, its staff, whether voluntary or compensated, and its board of directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting on my/our behalf in connection with my/our application for PCRI or any claims of any nature associated herewith.</li> </ul>	
Signature of Homeowner	Date
Signature of Spouse and/or Co-Homeowner	Date

Send completed applications to:

**Portland Community Reinvestment Initiatives, Inc. (PCRI)**

**6329 NE MLK, Jr. Blvd. Portland, OR 97211**

FOR OFFICE USE ONLY	
DATE RECEIVED:	% MFI:
APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	CITY CODE VIOLATION: <input type="checkbox"/> Yes <input type="checkbox"/> No
LEAD INFO GIVEN: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	ENVIRON. REVIEW APPROVED (CDBG ONLY): <input type="checkbox"/> Yes <input type="checkbox"/> No Date:





**Home Repair Application Form**

**LEAD ADDENDUM**

To be completed upon receiving Lead Hazard informational materials.

I/We, the Homeowner(s) received information about Lead Hazards.	
Signature of Homeowner	Date
Signature of Spouse and/or Co-Homeowner	Date