



PO BOX 189 | MILFORD, NY 13807 | 607-286-7244

www.otsegoruralhousing.org

Client Intake Screening Form

Head of Household:

Date of Contact:

Phone Number(s):

Email:

Physical Address:

Mailing Address:

HOH Age: **Disabled**

Veteran

Children in Home

Household Size:

Annual Income:

Other Household Members:

(names if known, relation, age,
any other pertinent
information)

Style of Home: Stick-built

Manufactured

Age of Home/Year Built:

Property Ownership: Owns Land & Home

Lot Renter

Life Use

None

Current On: Taxes

Mortgage

Homeowner's Insurance

Housing Needs:

Other Notes: