

**HUD REPORT: PUBLIC SERVICE REPORT
HILL DEVELOPMENT CORPORATION OF NEW HAVEN
649 HOWARD AVENUE NEW HAVEN CT 06519
PHONE: (203) 776-3759 FAX: (203) 643-2070
<http://www.hdcfnh.org>**

**Kerri B. Kelshall-Ward
Deputy Administrator of Housing Counseling**

DATE: _____ PRIMARY CLIENT #: _____

PHONE #: _____ EMAIL ADDRESS: _____

PRIMARY CLIENT NAME:

SECONDARY CLIENT NAME:

ADDRESS: _____ CITY: _____ ST: _____ ZIP:

HOME #: _____ WORK #: _____ CELL #:

HDC STAFF / CONSULTANT:

___ ON-TRACK ___ FAST-TRACK ___ EXPRESS-TRACK ___ OTHER (Specify) ___

PRIMARY CLIENT CREDIT SCORE: _____ SECONDARY CLIENT CREDIT SCORE: _____

Type of Service: _____ Counseling
_____ Workshop(s)

Household Size: _____ Number of Adults: _____ Number of Children:

Female Head of Household: _____ Yes _____ No

Ethnicity of Primary Client: { } Hispanic { } Not Hispanic { } Chose not to
Respond

Race of Primary Client:

Single Race: { } American Indian/ Alaskan Native { }
Black or African American

Native Hawaiian or Other Pacific Islander White
 (includes Hispanics) Chose Not to Respond Asian

Multi Race: American Indian or Alaskan Native & White
 Black or African American & White
 American Indian or Alaskan Native & Black or African American
 Asian & White
 Other Multiple Race (Please Specify): _____

 Chose Not to Respond

Household Income Levels of Primary & Secondary Client: Area Median Income ("AMI")

<50% of AMI (Low Income) 50 – 79% of AMI (Low-to- Moderate Income)
 80 – 100% AMI >100% AMI
 Other (Please Specify): _____

How did you hear about Hill Development Corporation of New Haven's Homeownership Programs?

Lender: _____ Real Estate Agent:

Other Agency (Please Specify): _____ Municipality:

Family Member or Friend: _____ Advertisement:

HDC Community Outreach Session HUD's Website Infoline-211
 Other (Please Specify): _____

Miscellaneous:

Are you a Section 8 Housing Voucher Recipient? Y N
 Are you eligible to use the Section 8 Housing Voucher to purchase a home? Y
 N
 Are you currently using a Section 8 Housing Voucher to rent a home? Y
 N
 Are you an individual with a physical or mental disability? Y N

Educational Outreach Workshops:

	<u>Completed</u>	<u>Incomplete</u>	<u>Date</u>
<input type="checkbox"/> Anti Predatory Lending (Orientation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

