

Date of Intake: _____

First Name: _____	MI: _____	Last: _____	
Spouse's First Name: _____	MI: _____	Last: _____	
Date of Birth: _____ Age: _____		Spouse's Date of Birth: _____ Age: _____	
Address: _____		City: _____	State: _____ Zip: _____
Primary Telephone: _____ Secondary Telephone: _____		E-mail: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		ITIN Filer: <input type="checkbox"/> Yes <input type="checkbox"/> No Need to apply for an ITIN: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single(Never Married) <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Domestic Partner			
Number of Children (under 17) in Household: _____		Number of Adults (18+) in Household: _____	
Number of dependents claimed on tax return: _____			
Status of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per-diem <input type="checkbox"/> Retired <input type="checkbox"/> Disabled, not able to work <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed	Household Income: <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 to \$14,999 <input type="checkbox"/> \$15,000 to \$24,999 <input type="checkbox"/> \$25,000 to \$34,999 <input type="checkbox"/> \$35,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$59,999 <input type="checkbox"/> \$60,000 or more	What is your highest level of education that you have completed? <input type="checkbox"/> Some High School or Less <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Vocational School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> PhD	
Are you receiving any of the following benefits? <input type="checkbox"/> TANF <input type="checkbox"/> GA <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Unemployment <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC <input type="checkbox"/> ERAP (Emergency rental assistance) <input type="checkbox"/> LIHEAP (Utility assistance)	What insurance do you have? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> Marketplace <input type="checkbox"/> Uninsured	Ethnicity (select only one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic How would you identify your race (check all that apply)? <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other pacific Islander	

<p>How would you identify your spouse's race/ethnicity (check all that applies)?</p> <p>Ethnicity (select only one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic</p> <p>Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other pacific Islander</p>	<p>Are you interested in other programs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Financial Coaching/Credit Coaching <input type="checkbox"/> Employment Services <input type="checkbox"/> Incentivized Savings Program <input type="checkbox"/> Homeownership Counseling <input type="checkbox"/> Rental Assistance (NOT COVID or Ida related) <input type="checkbox"/> Health Insurance <input type="checkbox"/> Financial Aid (FAFSA) <input type="checkbox"/> Early Childhood Programs <input type="checkbox"/> Food Assistance <input type="checkbox"/> Housing Discrimination <input type="checkbox"/> Small Business/Entrepreneurship Skills-Building <input type="checkbox"/> Emergency-Related Housing Stability Assistance (COVID-19 or Ida)
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<p>Are you a veteran? _____</p> <p>Do you have student loan debt? _____</p>	<p>Are you a homeowner? _____</p> <p>If yes, do you heat your home with oil? _____</p>
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Who prepared your last year taxes?

Family/Friend/Self
 Free Tax Site
 Paid Preparer
 Didn't File

If paid preparer how much did you pay to file your taxes? \$ _____

How did you hear about this program?

<input type="checkbox"/> Program Flyer/Brochure	<input type="checkbox"/> NJ 211
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Mailing(postcard)	<input type="checkbox"/> Community Group
<input type="checkbox"/> Social Media	<input type="checkbox"/> IRS
<input type="checkbox"/> Returning Client	<input type="checkbox"/> Organization: _____

What type of bank account(s) do you have?

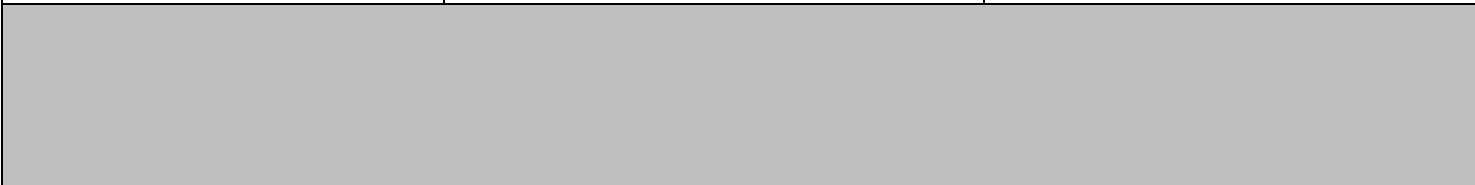
Checking Only
 Savings Only
 Checking & Savings

Pre-paid Card
 I don't have and accounts, but would like one
 Check Systems Issue

How often do you worry about having enough money to cover your basic expenses?

Never
 Not Very Often
 Sometimes
 Very Often
 All the Time

<p>How much of your tax refund do you plan on saving?</p> <p> <input type="checkbox"/> All - 100% <input type="checkbox"/> Most - 75% <input type="checkbox"/> Some - 25% <input type="checkbox"/> None - 0% </p>	<p>How much of your tax refund do you plan on using to pay off or reduce debt?</p> <p> <input type="checkbox"/> All - 100% <input type="checkbox"/> Most - 75% <input type="checkbox"/> Some - 25% <input type="checkbox"/> None - 0% </p>	<p>How much of you tax refund do you plan on spending?</p> <p> <input type="checkbox"/> All - 100% <input type="checkbox"/> Most - 75% <input type="checkbox"/> Some - 25% <input type="checkbox"/> None - 0% <input type="checkbox"/> </p>
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**If you plan on spending some of your refund, what do you plan on spending most of it on?
(Circle All That Apply)**

<p>Debt:</p> <input type="checkbox"/> Pay off/reduce credit card <input type="checkbox"/> Lower Mortgage <input type="checkbox"/> Pay bank loans: car loan, student loan, etc. <input type="checkbox"/> Pay personal loans	<p>Bills:</p> <input type="checkbox"/> Pay rent or mortgage <input type="checkbox"/> Pay property taxes <input type="checkbox"/> Pay utility bills <input type="checkbox"/> Pay childcare <input type="checkbox"/> Pay medical bills	<p>Repairs:</p> <input type="checkbox"/> Home repairs <input type="checkbox"/> Car repairs <input type="checkbox"/> Repairs to major appliances	<p>Purchases:</p> <input type="checkbox"/> Groceries <input type="checkbox"/> Clothing <input type="checkbox"/> House <input type="checkbox"/> Car <input type="checkbox"/> Major appliance <input type="checkbox"/> Household furnishing <input type="checkbox"/> Other: _____
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Additional Questions

<p>In General, do you prefer in-person or online taxes?</p> <input type="checkbox"/> In-person <input type="checkbox"/> Online	<p>Where your earnings negatively affected this year by any of the following (check all that apply):</p> <input type="checkbox"/> Medical emergency (short-term) <input type="checkbox"/> Medical emergency (long-term) <input type="checkbox"/> Loss of a job, head of household <input type="checkbox"/> Loss of a job, non-head of household <input type="checkbox"/> Loss of housing via eviction from a rental <input type="checkbox"/> Loss of housing via foreclosure <input type="checkbox"/> Loss of childcare <input type="checkbox"/> Other: _____	<p>Did you receive the Child Tax Credit monthly payments in 2021?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, how did you use this additional income (see categories above, check all that apply):</p> <input type="checkbox"/> Debt <input type="checkbox"/> Bills <input type="checkbox"/> Repairs <input type="checkbox"/> Purchases <input type="checkbox"/> I qualified but did not receive child tax payments <input type="checkbox"/> Other: _____	<p>How did you use your stimulus check? (see categories above, check all that apply)</p> <input type="checkbox"/> Debt <input type="checkbox"/> Bills <input type="checkbox"/> Repairs <input type="checkbox"/> Purchases <input type="checkbox"/> I qualified but did not receive a stimulus check(s) <input type="checkbox"/> Other: _____
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