

**Reason For Meeting:**

How did you hear about us? \_\_\_\_\_

what time is best to call you \_\_\_\_\_

**General Questions:**

Husband's Full Name	Teudat Zehut/Visa Number	Cell Phone
Wife's Full Name	Teudat Zehut/Visa Number	Cell Phone
Full Home Address (include CITY)		Home Phone
Husband's Email	Wife's Email	Aliyah Date

**Additional Questions:**

Do you have a Social Worker	Do you have a file with the Revacha	Do you own a Car
Are you receiving aide from any programs today - if yes, what programs		

**Employment Details: (If more than one, please include details)**

Employment - Husband	Description	Notes
Employment - Wife	Description	Notes

**Housing Questions:**

Do you currently Rent	Monthly Rental Amount	Do you receive Gov't Rental Assistance
When did you start receiving assistance	Amount per month	Have you applied for an apartment with Ministry of Housing

**Additional Notes**

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Do you Own your Home	Do you have a Mortgage	Monthly Mortgage Amount
Current Value of the Home	Full Mortgage Balance	When did you buy the Property
Do you Own Additional Property	Current Property Value	Mortgage Balance
Total Rental Income	Are you listed on the Deed	When did you Buy this Property
Have you ever sold an apartment in Israel	If yes, when was it sold	Are you listed on any deed to a property today
Have you ever applied to Ministry of Housing	If yes, when were you approved	What branch are you affiliated with

**Additional Notes**

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## Mortgage / Investment Questions:

Are you interested in an Investment Property		Are you willing to take out a Mortgage	Have you been Pre-Approved
If yes, which Bank	Have you ever been turned down for a Mortgage		If yes, which bank
Cash Available towards Purchase		Other Assistance	

### Additional Notes

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### Income: (Monthly)

Husband's Income (bruto/neto)	
Wife's Income (bruto/neto)	
Rental Assitance from Organizations	
Children Stimulus Payment	
Unemployment	
Rental Income from Apt/Investment	
Long Term Disability	
Disability per person (      %)	
Disability per person (      %)	
Disability per person (      %)	
Disability per person (      %)	
Disability per person (      %)	
Mobility Disability (      %)	
Parents	
Gmach	
Other:	

### Expenses: (Monthly)

Rent	
Mortgage	
Average Utilities	
Tuition	
Tutoring	
Therapy #1	
Therapy #2	
Therapy #3	
Health Insurance	
Prescriptions	
Food	
Transportation Expenses	
Foreigen Worker	
Other:	
Total Debt Outstanding (not including Mortgages)	

### Additional Notes

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**Current Medical History Per Person in the Home:**

Who is your Health Care Provider: \_\_\_\_\_

Name	Age	Therapies, Diagnosis, Disability, Medications
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		

Must fit in the box provided, otherwise elaborate down below.  
 You are welcome to attach any documentation for review as well.

**Additional Notes You May Want To Add:**