



General Intake Form

Referred By: _____ Referral Phone#: _____

Name: _____ SS#: _____ XXX-XX- _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Race: _____ Date of Birth: _____ Marital Status: _____

Church: _____ Are you a Member: _____

Number of Dependents: _____ Children's Names / Ages:

Other Members of Household/Age: _____

Relationship: _____ Spouse Name: _____

Personal References (May not be family members or relatives.)

NAME	ADDRESS	PHONE	RELATIONSHIP

NAME	ADDRESS	PHONE	RELATIONSHIP

Employment / Income Information

Employer: _____

Total Income: _____

Supervisor/Contact: _____ Phone: _____ Length of Employment: _____

Disclaimer:

Sharehouse sprays all mattresses and upholstered furniture for bugs but for your comfort we advise that you spray again.

We cannot guarantee all furniture is 100% bug free. All furniture is accepted "as is". Once the furniture leaves our warehouse we are no longer responsible for condition.

I agree to the above disclaimer. _____

Client signature

Date