

HOUSING ASSESSMENT TEMPLATE

Client Name: _____ Intake Date: _____

Client Case Number: _____ Client Date of Birth: __ / __ / ____
(Month) (Day) (Year)

Housing Advocate: _____

Case Manager (if different from Housing Advocate): _____

Case Manager Phone Number: _____

Is client now, or has client ever worked with a housing search agency?

Yes No

If yes, which one(s) and when? _____

Contact Person: _____ Phone: _____

PART 1. HOUSING BARRIERS

Barriers to Housing (*Review the list of barriers with the client and use this information to guide the rest of the discussion.*)

- No rental history
- Eviction(s) ____
- Large family (3+ children)
- Single parent household
- Head of household under 18
- Sporadic employment history
- No high school diploma/GED
- Insufficient/no income
- Insufficient savings
- No or poor credit history
- Debts
- Repeated or chronic homelessness

- Recent history of substance abuse or actively using drugs or alcohol
- Recent criminal history
- Adult or child with mild to severe behavioral problems
- History of abuse and/or battery but abuser not in the unit
- Recent or current abuse and/or battering (client fleeing abuser)

PART 2. HOUSING HISTORY

What types of housing has client previously lived in? Check all that apply, and include dates of residence and reason for leaving:

Type of Residence	Dates of Residence	Reason for Leaving
<input type="checkbox"/> Emergency shelter		
<input type="checkbox"/> Transitional housing for homeless persons		
<input type="checkbox"/> Permanent housing for formerly homeless persons		
<input type="checkbox"/> Psychiatric hospital or facility		
<input type="checkbox"/> Substance abuse treatment facility or detox center		
<input type="checkbox"/> Hospital (non-psychiatric)		
<input type="checkbox"/> Jail, prison or juvenile detention facility		
<input type="checkbox"/> Room, apartment, or house that you rent		
<input type="checkbox"/> Apartment or house that you own		
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house		

Client Name: _____

<input type="checkbox"/> Staying or living in a friend's room, apartment, or house		
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher		
<input type="checkbox"/> Foster care home or foster care group home		
<input type="checkbox"/> Place not meant for habitation		

Client Name: _____

Private Housing History (Review following information with client, as applicable.)

1. Type of housing: Private Subsidized Dates of Residence: _____

If subsidized: Public Housing Section 8 Voucher Other: _____

Name of Housing Authority: _____

Rent: \$ _____ Who paid rent: _____

Was client listed on the lease? Yes No Don't Know

Reason for leaving: _____

Landlord or Housing Authority Contact: _____

Address: _____ Phone: _____

2. Type of housing: Private Subsidized Dates of Residence: _____

If subsidized: Public Housing Section 8 Voucher Other: _____

Name of Housing Authority: _____

Rent: \$ _____ Who paid rent: _____

Was client listed on the lease? Yes No Don't Know

Reason for leaving: _____

Landlord or Housing Authority Contact: _____

Address: _____ Phone: _____

3. Type of housing: Private Subsidized Dates of Residence: _____

If subsidized: Public Housing Section 8 Voucher Other: _____

Name of Housing Authority: _____

Rent: \$ _____ Who paid rent: _____

Was client listed on the lease? Yes No Don't Know

Reason for leaving: _____

Landlord or Housing Authority Contact: _____

Address: _____ Phone: _____

PART 3. FINANCIAL STABILITY

Have you and/or the children who are coming into this program with you received money from any of the following sources in the last month? And if so, what amount did you receive from each source? (*Read each income source and check all that apply.*)

Source of Income	Amount from Source
<input type="checkbox"/> Earned Income	\$____.00
<input type="checkbox"/> Unemployment Insurance	\$____.00
<input type="checkbox"/> Supplemental Security Income or SSI	\$____.00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$____.00
<input type="checkbox"/> A veteran's disability payment	\$____.00
<input type="checkbox"/> Private disability insurance	\$____.00
<input type="checkbox"/> Worker's compensation	\$____.00
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	\$____.00
<input type="checkbox"/> General Assistance (GA)	\$____.00
<input type="checkbox"/> Retirement income from Social Security	\$____.00
<input type="checkbox"/> Veteran's pension	\$____.00
<input type="checkbox"/> Pension from a former job	\$____.00
<input type="checkbox"/> Child support	\$____.00
<input type="checkbox"/> Alimony or other spousal support	\$____.00
<input type="checkbox"/> Other source	\$____.00
<input type="checkbox"/> No financial resources	
<i>Total monthly income</i>	\$____.00

SOURCE OF NON-CASH BENEFIT

Do you participate in any of the following programs? (*Check all that apply.*)

- Food stamps or money for food on a benefits card
- MEDICAID health insurance program

Client Name: _____

- MEDICARE health insurance program
- State Children's Health Insurance Program
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Veteran's Administration (VA) Medical Services
- TANF Child Care services
- TANF transportation services
- Other TANF-funded services
- Section 8, public housing, or other rental assistance
- Other sources _____

Debt

Origin of Debt	Yes	No	Amount	Contact Info
Landlord			\$	
Gas Company			\$	
Electric			\$	
Telephone			\$	
Child Support			\$	
IRS			\$	
Car (Loan/Tickets)			\$	
Student Loans			\$	
Credit Cards			\$	
Storage			\$	
Other			\$	
Total			\$	

What type of credit history do you have?

- Good Bad No Credit History Don't Know

Assets:

Do you have a bank account? No Yes

Client Name: _____

Checking \$ _____ Savings \$ _____ Other \$ _____

Do you have any assets (car, property, CD, IRA)? No Yes

Details: _____

Employment

Are you currently employed? No Yes

(If yes, ask the following questions):

How many hours did you work last week? _____ hours

Was this permanent, part-time, temporary, or seasonal work?

Permanent Part-time Temporary Seasonal

Current Employer Name: _____ Position: _____

Address: _____

Previous employment (type and duration):

(If client reports that he/she is not working, ask the following):

Are you currently looking for work? No Yes

Are you currently unable to work? No Yes

Identification/Paperwork

Currently possesses:

Social Security Card No Yes Needs to Obtain

Birth certificate No Yes Needs to Obtain

State ID No Yes Needs to Obtain

Green Card/Work Permit No Yes Needs to Obtain

PART 4. HOUSING NEEDS AND PREFERENCES

Number of adults in households _____

Number of children in households _____

Location, in order of preference:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Preferred size:

- Studio
- One bedroom
- Two bedroom
- Three bedroom
- Other _____

Special Needs:

- Close to public transportation
- Close to childcare
- Close to _____ school
- Close to _____ clinic/medical facility/treatment facility
- One level unit
- Yard or nearby park
- Other: _____

Client Signature

Date

Housing Advocate Signature

Date

Client Name: _____