



HOUSING/FINANCIAL ASSESSMENT

Name: _____ Intake Date: _____

Member ID Number or SSN: _____ Date of Birth: __/__/____
(Month) (Day) (Year)

Housing Navigator: _____

Care Coordinator Name and Contact: _____

Care Coordinator Agency: _____

Has member ever worked with a housing navigation 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 member 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		
<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		

Private Housing History (Review following information with member, 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	
Total monthly income	\$ _ _ _ .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
- 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			\$	

Please estimate your Credit Score (300-850)

- Good
 Bad
 No Credit History
 Don't Know

Assets:

Do you have an open bank account?

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

Do you own any assets? (Car, Property, CD, IRA)?

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 not working)

Are you looking for work? No Yes

Are you able to work? No Yes

Identification/Paperwork

Do you possess any of the following personal documents?

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 household _____

Number of children in household _____

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: _____

Member Signature

Date

Housing Navigator Signature

Date