

BARRIERS to Housing Stability Assessment

Complete one form per household

1. Tenant Screening Barriers to Getting Housing *(Age is inferred as a Barrier for clients under 21)*

Barriers (Complete below) No Barriers (skip to next section) Barriers not assessed (skip to next section)

1A. RENTAL HISTORY

Number of evictions or unlawful detainers (UD) household members have experienced? *(Check one)*

 0 1 2-3 4-9 10 or more not assessed

Have any household members experienced these barriers?	Yes	No	Not assessed <i>(Use this rarely)</i>
Poor reference from current/prior landlords			
Lack of rental history			
Unpaid rent or utility bills			
Lack of or poor credit history			
One or more misdemeanors			
Critical felony (sex crime, arson, drugs) Which one(s) _____			
Other Felony _____			

1B. CREDIT HISTORY

Unpaid rent or utility bills?

YES NO Not assessed

Lack of OR poor credit history

YES NO Not assessed

1C. CRIMINAL HISTORY

Have you ever been arrested? Y N

Do you remember the years & charges? Please list

Felonies – please describe all

Misdemeanors – please describe all

Are you required to register as a drug offender, sex offender, or arsonist? YES NO, if yes describe

1D. ABILITY TO KEEP/GET HOUSING IN YOUR COMMUNITY

Impact of client's tenant barriers on housing *(Check one)*

No Effect Minimal effect Moderate Effect Major Effect Not Assessed

2. PERSONAL BARRIERS TO GETTING OR KEEPING HOUSING

Personal Barriers *(Check one)*

Barriers (complete below) No Barriers (skip to next section) Barriers not assessed (skip to next section)

2A. Substance Use/Abuse

Chemical Health has resulted in housing loss Yes No Not assessed

Chemical use currently affects housing Yes No Not assessed

Are you actively using or abusing drugs or alcohol? Y N

Has this been an issue in the past? Y N	Drug of choice:
Been to treatment? Y N	How many times?
Been to detox? Y N	Number of times?
Are you working on a sobriety plan? Y N	

2B. Mental Health - Have you ever been diagnosed with a mental health condition? Yes No

Mental health has resulted in housing loss? Yes No Not assessed

Mental health currently affects housing? Yes No Not assessed

Additional information on mental health:

Client name:			
2C. Domestic Violence/Abuse			
Domestic violence/abuse resulted in housing loss?	Yes	No	Not assessed
Domestic violence/abuse currently affects housing?	Yes	No	Not assessed
Do you currently have a restraining order in effect?	Yes	No	If not, why _____
2D. Medical/Physical Condition			
Medical/Physical condition has resulted in housing loss?	Yes	No	Not assessed
Medical/Physical condition currently affects housing?	Yes	No	Not assessed
Additional information on physical health:			
Doctor's name <i>and</i> phone number:			
2E. ABILITY TO KEEP/GET HOUSING IN YOUR COMMUNITY			
Impact of client's personal barriers on housing (Check one)			
<input type="checkbox"/> No Effect	<input type="checkbox"/> Minimal effect	<input type="checkbox"/> Moderate Effect	<input type="checkbox"/> Major Effect <input type="checkbox"/> Not Assessed
3. INCOME BARRIERS TO GETTING OR KEEPING HOUSING			
Income Barriers			
<input type="checkbox"/> Barriers (complete below)	<input type="checkbox"/> No Barriers (skip to next section)	<input type="checkbox"/> Barriers not assessed (skip to next section)	
3A. Income			
Needs temporary assistance to get or keep housing	Yes	No	Not assessed
If housed: percent of gross income spent on housing (Check one) Amount: \$_____			
<input type="checkbox"/> 35% or less	<input type="checkbox"/> 36 – 50%	<input type="checkbox"/> 51 – 65%	<input type="checkbox"/> 66 – 80% <input type="checkbox"/> More than 80% <input type="checkbox"/> Not assessed
If not housed: amount able to spend on housing (Check one)			
3B. Other Income - Related			
Lacks steady, full time employment	Yes	No	Not assessed
Lacks high school diploma or GED	Yes	No	Not assessed
Job barrier: limited English proficiency	Yes	No	Not assessed
Job barrier: lack of reliable transportation	Yes	No	Not assessed
Job barrier: lack of reliable/affordable child care	Yes	No	Not assessed
Limited or no job skills	Yes	No	Not assessed
Limited or no work experience	Yes	No	Not assessed
3C. ABILITY TO KEEP/GET HOUSING IN YOUR COMMUNITY			
Impact of client's income barriers on housing (Check one)			
<input type="checkbox"/> No Effect	<input type="checkbox"/> Minimal effect	<input type="checkbox"/> Moderate Effect	<input type="checkbox"/> Major Effect <input type="checkbox"/> Not Assessed