

## HOUSING ASSESSMENT TEMPLATE

**About this tool:** The *Housing Assessment Template* is designed to collect information from clients regarding their past and current living situations in order to identify and address barriers to housing stability. Understanding a client's housing history is essential to the short- and long-term success of the housing search and placement process.

In the short-term, successful placements may depend on positive references from previous landlords as well as the client's ability to address housing history problems. For example, few landlords will rent to an individual with prior evictions unless a client can prove that he/she has addressed the problems that led to the evictions. In some instances, it may simply be a matter of teaching a client about his or her rights and responsibilities as a tenant. In other instances, it may involve helping a client develop a plan to pay off debt and repair his or her credit history. In other words, a housing advocate must understand a client's history in order to prevent history from repeating itself. The *Housing Assessment Template* provides the basis for gathering the information a housing advocate needs to assist a client. Based on the information gathered during intake and assessment, a housing advocate should then work closely with a client to develop a service plan that addresses the client's barriers.

As most housing advocates know, however, getting clients into housing is only half of the battle. The long-term success of housing placement depends on placing clients in appropriate housing and providing them with adequate support so that they can maintain their housing. As a result, the *Housing Assessment Template* also allows housing advocates to gather information on client needs and preferences in order to make the most appropriate placements possible.

**User Tips:** This form is not designed to be a comprehensive intake form; for example, it does not include questions related to health, mental health, or substance abuse. It is assumed that clients will have gone through an extensive intake and assessment process, and will only be referred to a housing search program if deemed "housing ready" (i.e., ready for private-market housing). It is possible that much of this information will have been collected as part of the original intake process. However, some case managers - particularly those from the health and social services fields - are less familiar with housing issues and what it takes to be "housing ready." This means that although clients being referred to a housing search program may not have serious substance abuse or mental health problems, housing advocates will likely have to address other types of issues, such as developing a household budget, repairing credit and rental histories, and teaching clients about their rights and responsibilities as a tenant. As a result, housing advocates can use this form to guide their discussion with clients to ensure that they fully understand a client's barriers and need for services. NOTE: This form is just a sample of the type of information a housing advocate may want to discuss with clients. Programs should modify this form to gather any specific data required by their local Homeless Management Information System.

Client Name: \_\_\_\_\_

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)

Based on review of barriers above, is client ready for private or subsidized housing?

Yes (*continue intake*)

No, refer to following program: \_\_\_\_\_

**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		
<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	
<b>Total monthly income</b>	<b>\$____.00</b>

<b>Source of Non-Cash Benefit</b>
-----------------------------------

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

Client Name: \_\_\_\_\_

- Section 8, public housing, or other rental assistance
- Other sources \_\_\_\_\_

<b>Debt</b>
-------------

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			\$	
<b>Total</b>			<b>\$</b>	

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

Checking \$ \_\_\_\_\_       Savings \$ \_\_\_\_\_       Other \$ \_\_\_\_\_

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

Details: \_\_\_\_\_

Client Name: \_\_\_\_\_

**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	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Needs to Obtain
Birth certificate	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Needs to Obtain
State ID	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Needs to Obtain
Green Card/Work Permit	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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*