

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 or helping a client develop a plan to pay off debt and repair his or her credit history. In other instances, it will require more intensive and ongoing services and support. 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 go through an extensive intake and assessment process at some other point. It is possible that much of this information will have been collected as part of the original intake process. 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: _____

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
☐ Emergency shelter		
☐ Transitional housing for homeless persons		
☐ Permanent housing for formerly homeless persons		
☐ Psychiatric hospital or facility		
☐ Substance abuse treatment facility or detox center		
☐ Hospital (non-psychiatric)		
☐ Jail, prison or juvenile detention facility		
☐ Room, apartment, or house that you rent		
☐ Apartment or house that you own		
☐ Staying or living in a family member's room, apartment, or house		
☐ Staying or living in a friend's room, apartment, or house		
☐ Hotel or motel paid for without emergency shelter voucher		
☐ Foster care home or foster care group home		
☐ Place not meant for habitation		

Client Name: _____

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
☐ Earned Income	\$____.00
☐ Unemployment Insurance	\$____.00
☐ Supplemental Security Income or SSI	\$____.00
☐ Social Security Disability Income (SSDI)	\$____.00
☐ A veteran's disability payment	\$____.00
☐ Private disability insurance	\$____.00
☐ Worker's compensation	\$____.00
☐ Temporary Assistance for Needy Families (TANF)	\$____.00
☐ General Assistance (GA)	\$____.00
☐ Retirement income from Social Security	\$____.00
☐ Veteran's pension	\$____.00
☐ Pension from a former job	\$____.00
☐ Child support	\$____.00
☐ Alimony or other spousal support	\$____.00
☐ Other source	\$____.00
☐ 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

Client Name: _____

- ☐ 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

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

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

Client Name: _____

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 ☐ 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: _____

Client Signature

Date

Housing Advocate Signature

Date