



Assessment Card

Date: _____ First Name: _____ Last Name: _____ Case #: _____

Referred By: Agency Lender Real estate agent VA Friend Landlord Other Comment: _____

Contact Type: Face to Face Phone Internet (Email or web inquiry)

What do you need help with? Rental Housing Homeless Counseling Home Rehabilitation or Ramp Youth Court Case Employment
 Access to social services or public assistance Foreclosure Prevention Financial/Credit Counseling Homebuyer Education
 Other: _____

Please describe your situation and what you need help with: _____

Current Address: _____ Apt# _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ Apt# _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Call Text Email: _____

Alternate Contact Name _____ Alt Ph. (____) _____

US Citizen: YES NO If not, Citizenship Status: _____ Preferred Language: _____

Is household English Proficient? Yes No

Are you a US Veteran? YES NO If so, what is your discharge status? _____ Service dates: _____

Is your request for assistance related to dating or domestic violence, sexual assault or stalking? YES NO (OPTIONAL)

Demographic Information: # of Dependents: _ * Demographic information is required by The Department of Housing and Urban Development. Demographic information does not affect your eligibility. Please make sure to fill out all sections below.

Marital Status: Married Living together Divorced Widowed Separated Single No response

Household Members	D.O.B	Social Security #	Monthly Gross Income	Source of Income	Gender	Disabled Y or N	Pending disability claim? Y or N	Covered by Insurance? None or Type	Full Time Student? Y or N
(HOH) *	**								

*List respondent as Head of Household ** Required field

If anyone in the household has a disability, please indicate Household Member Name and Disability Type (Physical, Developmental, Chronic Health Condition, HIV/AIDS, Mental Health Problems, Substance Abuse Problems, Disabling Condition): _____

Is the disability expected to be long-term, continuous, of an indefinite duration and impairs ability to live independently? (Please respond with Name and YES or NO for each person in household). _____

Ethnicity: Hispanic Non-Hispanic **Race:** American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White American Indian/Alaskan native/White American Indian/Alaskan Native/Black Asian/White Black or African-American/White No Response Other

Highest Level of Education No HS diploma or GED High school diploma GED Vocational Certificate Some college Associate Degree Bachelor's Degree Master's Degree Doctorate

Housing Status: Place not meant for human habilitation (ex: car, park, abandoned building, etc...) Emergency Shelter Transitional housing Hospital or other institution and no housing available at exit Family/friends with no notice to vacate Family/friends and have been notified in writing to vacate premises Rental by client/ notified in writing to vacate premises Hotel/motel paid for by a charitable organization Hotel/motel paid for myself or family/friends Rent/current Fleeing Domestic Violence Own home w/no mortgage Own home with mortgage Own home/risk of foreclosure Own home/received notice of foreclosure Own home/received notice of default. Do you have a sale date? YES or NO Date: _____ If behind in rent, how many months? ____ Total amount due: _____ Monthly rent amount? _____ Are you behind in Utilities? YES or NO

Are you currently receiving rental assistance (includes Section 8), utility assistance or subsidy? YES or NO If yes, what assistance and from what organization? _____

Are you receiving food stamps? YES or NO. If yes, how much do you receive monthly? _____ If no, are you ineligible? YES or NO.

Homeless Status: How long did you stay in your previous residence (months)? _____ Date homelessness began: _____ # of times on the street in past three years? _____ Total # of months homeless on street or in shelter last 3 years: _____

Employment Status: Name: _____ (Household members over 18 years old)
 Employed and satisfied with current employment Employed but would like to find employment Underemployed and looking for additional part time/full time employment Unemployed and want to find employment Unemployed/not interested in finding employment-Reason: _____ If not employed, last date of employment? _____ Do you have transportation? YES or NO.

Do you have any barriers to employment? YES or NO If yes, please explain: _____

Employment Status: Name: _____ (Household members over 18 years old)
 Employed and satisfied with current employment Employed but would like to find employment Underemployed and looking for additional part time/full time employment Unemployed and want to find employment Unemployed/not interested in finding employment-Reason: _____ If not employed, last date of employment? _____ Do you have transportation? YES or NO.

Do you have any barriers to employment? YES or NO If yes, please explain: _____

Other Comments: _____

Client Signature: _____ or by phone Assisted by: _____

To be completed by Case Management Supervisor:

Estimated Household Annual Income: _____ Household AMI: 29% or less 30-49% 50-79% 80-100% > 100%

Not eligible for financial assistance. Reason: _____ No programs available to assist client

Register for Classes: _____

Refer client to: _____ Referrals complete _____
Initials

Complete intake (Program): _____ Client Assigned to: _____

Reviewed by: _____ Date: _____

Comment: _____

