



### Assessment Card

Date \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Case # \_\_\_\_\_

Referred By:  Agency  Agency Outreach  HUD Website  Lender  Real estate agent  
 VA  Friend  Landlord  Other \_\_\_\_\_

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

**What do you need help with?**  Foreclosure Prevention  Financial/Credit Counseling  Rental Housing  Utility Assistance  
 Homeless Counseling  Access to social services or public assistance  Home Rehabilitation  Lift/Ramp  
 Employment  Homebuyer Education  Other \_\_\_\_\_

Current Address \_\_\_\_\_ Apt# \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Street City State Zip

Mailing Address \_\_\_\_\_ Apt# \_\_\_\_\_ Alt Ph. (\_\_\_\_) \_\_\_\_\_  
 Street City State Zip

Email \_\_\_\_\_ Alt Contact (Name & Phone) \_\_\_\_\_

**US Citizen:** YES  NO  If not, **Citizenship Status** \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_

**Is household English Proficient?**  Yes or  No

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

**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.

Household Members	D.O.B	Social Security #	Monthly Gross Income	Source of Income	Gender	Disabled Y or N	Do you have a pending disability claim?	Covered by Insurance Y or N	Full Time Student Y or N
(HOH)	**				**	**			

\*List respondent as Head of household. \*\* Required

**Marital Status:**  Married  Divorced  Widowed  Separated  Single  No response

**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 high school or GED diploma  High school diploma  GED  Vocational Certificate  
 some college/ never completed  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- If so; 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**  
Have you lived in Hancock County for the past six months? **YES** or **NO** Can you show proof of residency? **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? \_\_\_\_\_

**Employment Status:** Name \_\_\_\_\_ (Household members over 18 years old)  
 Employed and satisfied with current employment  Employed but unsatisfied with current 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: \_\_\_\_\_

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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:**

**Household AMI:** \_\_ 29% or less \_\_ 30-49% \_\_ 50-79% \_\_ 80-100% \_\_ > 100% \_\_ Total Household Annual Income \_\_\_\_\_  
\_\_ **Ineligible for all FA programs** \_\_ **No programs available to assist client** \_\_ **Complete intake (Program)** \_\_\_\_\_  
\_\_ **Register for Classes** \_\_\_\_\_

**Refer client to:** \_\_\_\_\_

**Client Assigned to** \_\_\_\_\_

**Reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Comment:** \_\_\_\_\_

