

Housing Assessment

- *This form is intended to provide the Housing Specialist with baseline information that is required to be collected during the intake process for clients entering HPP. Please review and complete this form in its entirety with the client prior to the start of services.*
- *Please note, this form can be expanded to include information specific to your program. Please do not delete or remove any of the content.*
- **Indicates information that is required for ARIES data collection (see program guidance for more information on required data sets).*

*Client Name (print)

*ARIES ID

*Date of Birth

*Client's Phone Number

*Assessment Date

Part I: Client Housing Background

1. *What is the client's current living situation? Check only one box.

- Living with Relative/Friend
- Participant-owned Housing
- Rental Housing
- Rented Room
- Transitional Housing
- Other (Please describe) _____

2. *How do you characterize the client's current stability scale? (Refer to HPP Program Guidance for assistance with this question)

- Unstable
- Temporary/Subsided
- Stable/Permanent

3. Has the client experienced any of the following barriers that prevented them from obtaining or maintaining stable housing within the last six months? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Lack of rental history | <input type="checkbox"/> Housing discrimination |
| <input type="checkbox"/> Challenged credit history | <input type="checkbox"/> History of eviction(s) |
| <input type="checkbox"/> Sporadic employment | <input type="checkbox"/> Recent criminal history |
| <input type="checkbox"/> Insufficient funds/no income | <input type="checkbox"/> Recent history of substance abuse |
| <input type="checkbox"/> Large family (4+ members) | <input type="checkbox"/> Other _____ |

4. In the past year, what type of housing has the client previously lived in? Check all that apply:

- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- Transitional housing for homeless persons
- Permanent housing for formerly homeless
- Psychiatric hospital or facility
- Staying or living in a family member's apartment or house
- Staying or living in a friend's room, apartment or house
- Room rented by client
- House/apartment rented by client
- Hotel/motel paid for without emergency shelter
- Other (Describe)

5. Has the client received governmental subsidized housing in the past two years?

- Yes
- No
- Currently on waitlist Name of housing program: _____

6. How long has it been since the client lived at a permanent address? (1+ year; not shelter or time-limited housing)

- Current Residence 1 to 3 years
- Less than 6 months 3 to 5 years
- 6 to 12 months 5+ years

7. In the past six months, has the client ever missed a rent payment or been late on rent?

- Yes
- No

If yes, please explain why:

8. *Please list the number of people living in the client's household. _____

Part II: Financial Stability

9. *What is the client's highest level of education?

- 0-8 years
- Some high school
- High school graduate/GED
- Vocational/Technical school
- Some college
- College graduate
- Graduate Degree
- No answer provided

10. *Is the client currently employed?

- Full-time
- Part-time (include seasonal, temporary)
- Not employed (includes retired)
- Other (student, volunteer, disabled etc.)
- Unknown

11. If the client is currently employed, what is their occupation?

12. In the past six months, has the client ever experienced any of the following barriers to employment? Check all that apply.

- Lack of job search skills
- Lack of job readiness skills
- Limited employment history
- Childcare challenges
- Transportation challenges
- Unable to pass background check
- Not applicable
- Other -please explain any additional barriers not listed:

13. *Is the client a veteran? Yes No**14. Does client qualify for VA benefits:** Yes No

15. *Has the client received income from the following sources within the past month? (Check all that apply)

Client Income	Amount
<input type="checkbox"/> Employment/Wages	\$
<input type="checkbox"/> Supp Security Income/SSI	\$
<input type="checkbox"/> Social Security Disability Insurance/SSDI	\$
<input type="checkbox"/> Social Security Retirement	\$
<input type="checkbox"/> General Assistance/General Relief GA/GR	\$
<input type="checkbox"/> Unemployment/UI	\$
<input type="checkbox"/> State Disability Insurance/SDI	\$
<input type="checkbox"/> Long-Term Disability/LTD	\$
<input type="checkbox"/> Worker’s Compensation	\$
<input type="checkbox"/> TANF CalWORKS	\$
<input type="checkbox"/> Veteran’s Benefits/VA	\$
<input type="checkbox"/> Alimony/Child Support	\$
<input type="checkbox"/> Retirement	\$
<input type="checkbox"/> Investment	\$
<input type="checkbox"/> Gift	\$
<input type="checkbox"/> CalFresh (Supplemental Nutrition Assistance Program or food stamps)	\$
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	\$
<input type="checkbox"/> Other source- please explain:	\$
Monthly Total	\$

16. *Does the client receive any of the following government benefits? (Check all that apply)

- Medi-Cal health insurance
- Medicare health insurance
- Veterans’ Administration (VA) Medical Services
- Other _____

17. What best describes the client’s current credit status?

- Good Fair Challenged No credit history Unsure

18. Does the client have a bank account? Yes No

- Checking Saving Other _____

Client Monthly Budget

Housing	Amount	Entertainment	Amount
Rent	\$	Cable/TV	\$
Electricity	\$	Subscription Services	\$
Gas	\$	Alcohol/Tobacco	\$
Water, Garbage, Sewer	\$	Sports	\$
Maintenance or repairs	\$	Movies/Concerts	\$
Other:	\$	Other:	\$
Transportation		Credit and Loans	
Vehicle payment	\$	Credit Cards	\$
Bus Pass	\$	Payday Loans	\$
Fuel	\$	Student Loans	\$
Maintenance/Repairs	\$	Other:	\$
Other:	\$		\$
Insurance		Legal Services	
Life Insurance	\$	Child support	\$
Vehicle Insurance	\$	Alimony	\$
Health Insurance	\$	Liens and judgments	\$
Other:	\$	Other:	\$
Food		Back Taxes	
Groceries	\$	Federal	\$
Dining Out	\$	State	\$
Other:	\$	Local	\$
Communications		Personal Care	
Cell Phone	\$	Hair/nails	\$
Internet	\$	Clothing	\$
Home phone	\$	Child Care	\$
Other:	\$	Other:	\$

*Combined Monthly Household Income (includes government benefits)	\$
Combined Monthly Expenses	\$
Balance (Monthly Income-Monthly Expenses)	\$

Part IV: Housing Needs

Please only complete this section for clients who are seeking housing placement. Once this form is completed, please provide this information to the housing Locator.

19. Based on the completed assessment, the client could use assistance with:

- Applying for long-term housing (rental property)
- Applying for subsidized housing such as Section 8, Veterans Housing, Senior Living, etc.
- Finding a rental space that will accept their housing voucher
- Placement on a housing waitlist
- Other _____

20. What is the client's preferred housing location(s)?

21. Based on the client's household size, what unit best fits the client's needs?

- Studio
- 1 bedroom
- 2 bedrooms
- 3+ bedrooms
- Other

22. Based on the client's budget, what is the monthly maximum rental amount that the client can afford?

- \$100-\$300 \$300-\$500 \$500-\$700 \$700-\$900 \$1000+

23. Does the client have any other specific housing needs? Please describe below.

Part V: Rental Assistance

24. Is there an eviction notice or utility shut-off notice?

Yes

No

If yes, please provide more
detail _____

25. Is the client's inability to pay rent situational (e.g. recent loss of job, unexpected expense such as car repair, loss of roommate)? Please explain.

26. Is the client's inability to pay full rent an ongoing circumstance (e.g. rent increase, inability to work due to health reasons, divorce or separation)? Please explain.

27. Determine how much of the monthly rent can be paid by the client.

\$ _____

Part VI: Completed Assessment

Based on the full assessment, the client will benefit from the following services as a participant in the HPP (check all that apply):

- Legal Assistance
- Rental Assistance as determined by program (based on the need of the client)
- Employment Assistance and Training
- Financial Management
- Tenant Skills
- Housing Locator Services

_____	_____	_____
Client Name (print)	Signature	Date
_____	_____	_____
Housing Specialist Name (print)	Signature	Date