

# HOUSING ASSESSMENT

The purpose of this housing assessment is to assess an individual’s readiness for supportive housing. This assessment is intended to be completed by the service provider with the candidate seeking housing.

**Case Manager:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

|                            |  |        |
|----------------------------|--|--------|
| <b>Contact Information</b> | <b>Please Circle One</b><br><br><b>Head of Household • Family Member • Cotenant</b><br><br><i>*Complete assessment for all family members/cotenants 18 years of age and older.</i> |        |
| First and Last Name        |  |        |
| Alias/Nickname             |  |        |
| Date of Birth              |  |        |
| Social Security #          |  |        |
| Cell Phone                 |  |        |
| Email                      |  |        |
| Emergency Contact:         | Name:  | Tel #: |

**Current Living Situation**

1) The candidate is currently living: (select/fill).

- Hotel/Motel (paid by agency or voucher program): \_\_\_\_\_
- Homeless shelter: \_\_\_\_\_
- Domestic violence shelter: \_\_\_\_\_
- Street/Homeless
- Other: \_\_\_\_\_

2) How does the candidate feel about their current living situation? (select all that apply).

- Safe
- Unsafe
- Scared
- Isolated
- Happy

- Neutral
- Other: \_\_\_\_\_

3) Date of entry into current living/housing situation: \_\_\_\_\_

4) When does the candidate need to leave the current housing (if applicable)? \_\_\_\_\_

5) Does the candidate want to stay where they are living?

- Yes
- No
- Unsure

### **Housing Preferences**

1) What is the candidate 's ideal living situation?

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2) What is the candidate 's desired housing location? (e.g., near work, a specific neighborhood, or accessible through public transportation).

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### **Family Members Residing with the Candidate**

1) Number of family members residing with the candidate (now or working toward reunification):

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2) Age, gender, and specific needs or accommodations of all family members residing with the candidate:

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**Housing Barriers**

Housing barriers are circumstances that reduce an individual’s chances of qualifying and maintaining stable housing. Place an “X” next to the housing barriers that apply to this candidate.

| <b>X = Yes</b> | <b>Do you need help obtaining the following housing documents?<br/>(check all that apply)</b> |
|----------------|---|
|                | Social Security card  |
|                | Government Issued ID  |
|                | Birth Certificate   |
|                | Proof of Income from SS (Award Letter)  |
|                | Current Bank Statement  |
|                | <b>Have you ever had trouble with? (check all that apply)</b>                                 |
|                | Paying your rent on time?   |
|                | Being Evicted?  |
|                | Eviction for nonpayment?  |
|                | Eviction for other lease violations?  |
|                | Paying your utility bill?   |
|                | Visitor/guests problems?  |
|                | Landlord/neighbor relationships?  |
|                | Clutter/home maintenance?   |
|                | <b>Do you currently owe?</b>  |
|                | A previous landlord money (e.g., for unpaid rent, fees or damages)?                           |
|                | A public housing agency money (e.g., for rent or other amounts)?                              |
|                | A utility company (e.g., for unpaid utility bills or fees)?                                   |
|                | <b>Other?</b>   |
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|                |   |

**Safety**

1) Are there any safety concerns that need to be addressed?

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2) Has safety planning been completed?

- Yes
- No

**Accommodations**

*(Please note that if a tenant has a disability, the tenant may keep and maintain a registered service animal. Any unregistered animal is considered a pet and would fall under the NO PET POLICY.)*

1) Does the candidate have a service animal?

- Yes
- No

Notes: \_\_\_\_\_

2) Are there any accommodations needed? For example, wheelchair accessibility, restrictions on moving (due to custody agreement, etc.). \_\_\_\_\_

**Financial Resources and Employment**

1) Does the candidate have financial resources available for housing?

- Yes (SSI, SSDI, Earned Income, etc.): \_\_\_\_\_
- No

2) Is the candidate able to pay 30% of their income per month for rent? \_\_\_\_\_

(i.e., if you pay 30% of your income and your income is \$100, you pay \$30. If your income is \$1,000, you pay \$300.)

3) Is the candidate working/able to work?

- Yes
- No

4) If yes, does the candidate work full-time or part-time?

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**Next Steps/ Referrals**

Based on the needs and housing goals stated by the candidate, identify potential housing referrals that can be explored with the candidate in conjunction with a Housing Stability Plan.

1) Emergency Housing:

- Which shelters are available and fit the candidate 's needs?

2) Rental Assistance

- Does your program have the ability to provide rental assistance?
- Candidate for Rapid Rehousing program?
- Candidate for down payment and first month rent assistance?

3) Candidate needs housing that includes case management/wraparound services?