Housing Assessment
(Required elements are underlined)

Client Name: __________________________________________
Assessment Date: ________________________________

HOUSING STATUS
1. What is the client’s current housing status?
   □ House/apt. is owned (by the client)
   □ House/apt./room is rented (by the client)
     ▪ Rental type: □ Subsidized □ Unsubsidized
   □ Client stays in the house/apt./room for free or makes occasional/informal financial contributions to the homeowner or renter (no lease)
   □ Client is homeless (without a roof) or in a shelter

HOUSING CONDITIONS
2. How many bedrooms does the home or apartment have? __________
3. Number of people living in household? __________
4. Does the client have a housing concern? □ Yes □ No □ Unknown
   a. If yes, what is the reason for the housing concern (check all that apply)?
      □ Cost/affordability □ Crowding/lack of adequate space □ Neighborhood safety concerns
      □ Distance from work/school □ Instability of living arrangement
      □ Housing conditions □ Other: _________________

5. If the client is concerned about their housing conditions, please specify the concern:
   □ Presence of mold/water damage/flooding □ Lead □ Asbestos □ Vermin infestation □ Lacks insulation □ Lacks running water □ Lacks electricity □ Unsafe entries/exits □ Other: ______

6. If client is renting: Is the landlord willing to address housing maintenance issues in a timely manner? □ Yes □ No □ Not Applicable
   a. If yes, is the landlord willing to document the improvements in writing (e.g. information by email from landlord with a response date, what needs to be done, when it will be done, type of improvements; leak in the apartment, damage, etc.)? □ Yes □ No □ Unknown
7. If client is a homeowner: Does the residence currently have maintenance issues or pending repairs? □ Yes □ No
   a. Indicate the reason(s) why the client is unable to address their own maintenance issues (if applicable):
      □ Unable to afford the repairs  □ Unable to find a reputable/affordable contractor
      □ Unable to qualify for a home improvement loan  □ Other: __________________
      □ Not a spending priority  □ Not Applicable

8. Is the client’s housing compliant with Americans with Disabilities Act (ADA)?
   □ Yes □ No □ Not Applicable or Unknown

HOUSING COST INFORMATION

9. Indicate the client’s income vs. housing cost ratio (monthly net housing expense divided by the monthly gross income): ________________

10. If client is renting: How many months in the last year has the client been late beyond their grace period on rent (if applicable)? __________

11. If client is a homeowner: How many months in the last year has the client been late by more than 30 days on the mortgage payment (if applicable)? __________

12. Indicate the reason(s) the client is behind on rent or mortgage payment: □ Loss of income or employment □ Health issues □ Family crisis □ Reduced work hours □ Other: ________________

13. Has the client attempted to create or work out a payment plan with the landlord or mortgage company if they are behind on rent or mortgage payments? □ Yes □ No □ Unknown

14. Provide the rent or mortgage arrears to date (if applicable): ________________

15. Does the client have an eviction notice, notice to vacate, or ongoing eviction court case?
   □ Yes □ No □ Unknown
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a. If no, is the client at risk of eviction? □ Yes □ No
b. If yes, is the client receiving eviction assistance? □ Yes □ No
c. If yes, is the eviction related to non-payment? □ Yes □ No
   i. If no, what is the reason? __________________________

Notes:
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________________________________________________________________________
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