

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

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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*):
- | | |
|--|---|
| <input type="checkbox"/> Unable to afford the repairs | <input type="checkbox"/> Unable to find a reputable/affordable contractor |
| <input type="checkbox"/> Unable to qualify for a home improvement loan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Not a spending priority | <input type="checkbox"/> 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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