



Housing First Assistance Assessment

Date of Assessment: _____ Household size: _____

First Name: _____ Last Name: _____

Gender: Female Male Transgender Other

Date of Birth: _____ Age: _____ Marital Status: _____

Race/Ethnicity: Native Hawaiian/Pacific Islander Native American/ Alaska Native
 White/European-American Hispanic or Latino/a
 Black/ African-American Asian Multiracial Other

Phone #: _____ Email: _____

Current Location: _____ City: _____

Permanent address: _____ City: _____

Are you currently safe in your situation? Yes No

Have you experienced sexual violence? Yes No

Have you experienced domestic violence? (can be physical, verbal, emotional, financial) Yes No

Are you currently homeless? (Includes couch surfing, living in a motel, vehicle, etc.) Yes No

Have you ever been incarcerated? (Does not disqualify you from receiving assistance) Yes No

Do you want to receive counseling support for your situation? Yes No

Children:

First Name: _____ Last Name: _____ Age: _____

Gender: _____ Race: _____ Date of Birth: _____

First Name: _____ Last Name: _____ Age: _____

Gender: _____ Race: _____ Date of Birth: _____

First Name: _____ Last Name: _____ Age: _____

Gender: _____ Race: _____ Date of Birth: _____

First Name: _____ Last Name: _____ Age: _____

Gender: _____ Race: _____ Date of Birth: _____

First Name: _____ Last Name: _____ Age: _____

Gender: _____ Race: _____ Date of Birth: _____

Emergency contact name: _____ Phone #: _____

Employment:

Are you currently employed? Yes No Source of Income: _____

Name of employer: _____ Position: _____

Attach Past year W2 or Income Tax documents: Yes No

Attach One Month Bank Statement: Yes No

Attach One Month Pay check stub: Yes No

If not please provide reason why: _____

We need to verify that you are capable to maintain your place of residence, not providing this documentation will disqualify you from being in the Housing First Program for assistance.

Please confirm your source of income. Please check all that apply to you.

Employment

Child Support

SSI/SDI

Unemployment

Cal Works

Another Source: _____

What is your total monthly income (please do not include food stamps benefits): \$ _____

What brought on your housing crisis?

Have past due rent or are currently unable to pay rent

Unable to pay utility bills

Evicted or in the process of being evicted from your own housing

Problems with the landlord. Please specify: _____

If domestic violence related, please specify:

How much rent do you pay monthly? \$ _____

If you are on the lease, are you on the lease alone? Yes No Other: _____

If you answered No, please specify who else is on the lease.

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Do you have a permanent mental/physical disability that has contributed to preventing you from obtaining or maintaining housing? Yes No

Have you had any past evictions? Yes No

Have you recently been asked to leave your rental apartment or did the landlord use legal papers to ask you to leave? Yes No

If you answered yes, when did this occur? _____

Do you currently have past due utility bills that may be at risk of service being shut off if no payment is made soon? Yes No

If you are past due on utility bills, back rent payments, or current rent payments, would you be able to stay in your current housing if these were to be paid? Yes No

How much is owed in back rent? \$ _____

Are you currently requesting a protection order that will require a Move Out Order against your abuser?

Yes No

Right now, are you receiving help related to your housing needs from any other agency, church or person? Yes No

If yes, please describe who is helping you and what assistance you are receiving:

Are there currently any challenges listed below that are contributing as a financial hardship that may prevent you from obtaining or sustaining your own housing? Yes No

If yes, please check all that apply:

Transportation: Issue: _____ Est. Cost: \$ _____

Childcare Fees: Issue: _____ Est. Cost: \$ _____

Legal Fees: Issue: _____ Est. Cost: \$ _____

Work-related Fees: Issue: _____ Est. Cost: \$ _____

Past due utility bills: Issue: _____ Est. Cost: \$ _____

(Are paid only in client's name)

Housing rental assistance Issue: _____ Est. Cost: \$ _____

Please Attach Verifying documentation to any bills, 30-day Eviction Notice, or Late Notice Ledger

Notes:

***** Please make sure to scan and upload all documentation requested to the DVHF Case Manager by email. Any documentation that is not scanned will be delayed in processing any further assistance. *****

For Staff Use Only

After case management session the client meets eligibility for further financial assistance with Housing First funds.

Currently the client is at:

Low Level 0 - \$5,000

Medium Level \$5k -10k

High Level \$10k-15k

General Case Plan Description: Subject to change with follow-up and ongoing case management.

Staff General Notes:

Completed by: _____

Face to Face Scheduled? Yes No

Meetup Location: _____

Meetup Date: _____ Time: _____