

HCEC Client Assessment Form

It is **VERY IMPORTANT** that you answer **ALL QUESTIONS** that apply. Please **PRINT CLEARLY**.

Name _____ Phone _____

Street _____ City _____ Zip Code _____

If you are employed, what city do you work in _____

Please check **all** that apply to you

- Family
- Rental Property Owner
- Home Owner
- Individual (live alone)
- Homeless
- Advocate /Agency
- Tenant
- Homebuyer
- Other

What do you need assistance with? (check all that apply)

- Affordable Housing Search (includes affordable housing listings, subsidies, how-to, etc.)
- Eviction
- Unsafe Housing (code violations, safety, etc.)
- Homeownership (classes, buying,)
- Homelessness (list of shelters, resources)
- Housing need due to Domestic Violence
- Utilities
- Landlord problems or questions
- Mortgage (foreclosure)
- Discrimination/Fair Housing

Explain the above checked or describe other housing needs or questions _____

(If you need additional space to write please use back of page)

Who referred you or how did you hear about HAP services? _____

Are you homeless now? Yes ___ No ___ If so where did you sleep last night? _____

Primary Source of Income _____ Primary Language _____ Date of Birth _____

Monthly Income: \$ _____ Food Stamp Income _____ Monthly Rent or Mortgage Expenses: \$ _____
(Include **all** family members' income) (do not include phone/cable)
 Total Monthly Utilities: \$ _____
(gas/oil/electric)

Do you expect your income to increase? Yes ___ No ___ If yes, so how and when? _____

List total of any checking or savings accounts, stocks, etc.)\$ _____

Number of **Adults** in your household: _____ Number of **Dependents** in your household: _____
(If pregnant list baby as a "Dependent")

Is anyone disabled in your household? Yes ___ No ___

- If you are seeking financial assistance, what increase in expenses and/or a decrease in income or other situation explains this need. Be specific about the amount and cause of increase or decrease. _____

- If you are behind in your rent, how many months? _____ Total amount owed? _____
- Circle any eviction papers you have – 14-day notice to quit 30-day notice
 Summary Process Complaint Court Agreement or Judgment
- If you need to **move, why?** _____

If you need to move, do you have a new apt? Yes ___ No ___ How much is the new monthly rent _____

- How long have you lived in Massachusetts? _____
- Circle any assistance you need: **first month's rent** **last month's rent** **security deposit**
- Are you 30 days or more behind in your **mortgage**? Yes ___ No ___ How far behind are you? _____
- If you are behind in utility payments, how much do you owe? _____ Have you received a 2nd shut-off notice? ___ Yes ___ No ___ Are you out of heating fuel? Yes ___ No ___
- Have you applied for fuel assistance? Yes ___ No ___ When did you apply? _____
- Do you have a housing subsidy (i.e. Section 8, MRVP, etc.) Yes ___ No ___

If you have a **housing subsidy** and are behind in your rent and have had a decrease in income or increase in expenses, have you attempted to get a rent adjustment from the Housing Authority? Yes ___ No ___

- Are you a Veteran? Yes ___ No ___

Return this Form to the Receptionist or mail to HCEC, HAP, Inc., 322 Main St., Springfield, MA 01105

