



Housing Consumer Education Center (HCEC) Intake Form

If you are anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact (name of staff person) at (contact number/e-mail).

The *Violence Against Women Reauthorization Act of 2005 (VAWA)* prohibits denial of assistance to admission to an otherwise qualified participant on the basis that the participant is or has been a victim of domestic violence, dating violence or stalking. Specifically, Section 606 (1) of VAWA adds the following provisions to Section 8 of the *U.S. Housing Act of 1937*, which lists contract provisions and requirements for the Section 8 Housing Choice Voucher Program:

That the application or participant has been a victim of domestic violence, dating violence, or stalking is not an appropriate reason for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission.

Please complete the following preliminary information.							
Date:				Time:			
Who referred you/ how did you hear about us?							
First Name:			Last Name:				
Address:							
City:		State:		MA		Zip Code:	
Home Phone:			Work Phone:				
Cell Phone:			Please place a check beside your preferred number.				
Email:							
Alternate Contact Name:			Alternative Contact Phone Number:				
Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		Age:		Date of Birth:	
What brings you here today? (please check all that apply)							
<input type="checkbox"/>	I have been denied housing.			<input type="checkbox"/>	I need some help to deal with my landlord to get repairs made to my apartment.		
<input type="checkbox"/>	I'm a victim of domestic violence or am being stalked.			<input type="checkbox"/>	I'm having trouble paying my mortgage.		
<input type="checkbox"/>	I am living doubled-up with another family member and have to move out.			<input type="checkbox"/>	My rent is more than I can afford.		
<input type="checkbox"/>	I stay in a shelter at night.			<input type="checkbox"/>	My housing is not safe.		
<input type="checkbox"/>	I'm in temporary housing and my time is running out there.			<input type="checkbox"/>	I want to talk about how to get a subsidy.		
<input type="checkbox"/>	I feel that I have been discriminated against for housing.			<input type="checkbox"/>	I already have a subsidy through (name of agency)_____ but I'm behind on my utilities or other _____.		
<input type="checkbox"/>	I need help making my apartment/ home accessible for a disabled family member.			<input type="checkbox"/>	I live on the street.		
<input type="checkbox"/>	I want to buy a house and would like to learn more about how to do that.			<input type="checkbox"/>	I owe a lot of rent and am being evicted.		
<input type="checkbox"/>	I need help finding a permanent place to live.			<input type="checkbox"/>	Other:		
Is this a one-time circumstance?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure					



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The following questions will help us determine which service(s) will best help you.	
What is your primary language?	
How well do you communicate in English?	<input type="checkbox"/> Fluent <input type="checkbox"/> Sufficient for effective communication <input type="checkbox"/> Very limited <input type="checkbox"/> Adequate for basic communication <input type="checkbox"/> Speak no English
Other languages spoken at home (may choose more than one):	<input type="checkbox"/> Spanish <input type="checkbox"/> Haitian or Creole <input type="checkbox"/> Amharic <input type="checkbox"/> Portuguese <input type="checkbox"/> French <input type="checkbox"/> Other:
Are you a(n):	<input type="checkbox"/> Tenant <input type="checkbox"/> Homeowner <input type="checkbox"/> Homeless <input type="checkbox"/> Homebuyer <input type="checkbox"/> Advocate/ Agency <input type="checkbox"/> Rental Property Owner <input type="checkbox"/> Other:
Household composition:	<input type="checkbox"/> Single individual <input type="checkbox"/> Single pregnant head of household <input type="checkbox"/> Female with children <input type="checkbox"/> Male with children <input type="checkbox"/> Two adults, no children <input type="checkbox"/> Two adults with children (No: _____) <input type="checkbox"/> Primary caregiver <input type="checkbox"/> Rental property owner
Do you have at least one child under 21 living with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self <input type="checkbox"/> Family member
Source(s) of income:	<input type="checkbox"/> Wages <input type="checkbox"/> TAFDC <input type="checkbox"/> Food Stamps/ WIC <input type="checkbox"/> TANF: Trans/ Childcare <input type="checkbox"/> Alimony <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Retirement/ Pension <input type="checkbox"/> CHIP <input type="checkbox"/> Refugee Stipend <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> No income <input type="checkbox"/> Other:
Monthly Income:	\$
Education Level:	<input type="checkbox"/> None <input type="checkbox"/> Elementary School <input type="checkbox"/> High School Diploma/ GED <input type="checkbox"/> Vocational School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate
Have you ever served on active duty in the military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure If yes, which branch? <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Other:
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Race (check all that apply):	<input type="checkbox"/> American Indian/ Alaskan <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native American/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Choose not to respond
Would you like to be added to the (Insert Agency) tenant list serve?	<input type="checkbox"/> Yes <input type="checkbox"/> No You would receive regular emails regarding workshops, upcoming events, and special programs.

Please send or drop-off the completed form at our Gardner or Worcester office.

GARDNER OFFICE
 205 School Street
 Gardner, MA 01440
 Toll Free: 800-488-1969

WORCESTER OFFICE
 90 Madison Street
 Worcester, MA 01608
 508-792-5230