HCEC INTAKE FACESHEET

Name: ___________________________________ Date: __________________

Dependents   [ ]  No Dependents [ ]

Crisis: Please check one of the following

[ ] Owe back rent-no notice yet
[ ] 14 Day Notice
[ ] 30 Day Notice-no Summary Process
[ ] Homeless-on the street with children
[ ] Homeless-on the street without children
[ ] Eviction-Summary Process
[ ] Doubled up & need to leave
[ ] Health & Safety (condemnation order from BOH or Failed Inspection)
[ ] Letter of intent to foreclose from lender
[ ] Severe overcrowding
[ ] Domestic Violence
[ ] Fire/Flood/Natural Disaster
[ ] Utility shutoff (If eligible, RAFT assists with only what is needed to avoid homelessness- not entire amount owed)

Income: Please check one of the following:

[ ] I have income
[ ] I do not have income
Housing Consumer Education Center (HCEC) Intake Form

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: _____________________________________________________________________________

Would you like to be added to the (Insert Agency) tenant list serve? Yes No
(You would receive regular emails regarding workshops, upcoming events, and special programs.)

Alternate Contact Name: ______________________________________________________________

Alternative Contact Phone Number: _____________________________________________________

Gender: ___Male ___Female ___Transgender Date of Birth: _____________________________

What brings you here today? (please check all that apply)

At Risk of Homelessness
____ I have been denied emergency assistance (EA/shelter)
____ I have a notice to quit
____ I am living doubled-up and have to move out.
____ I owe $____ rent and am being evicted.
____ My landlord is being foreclosed upon and I am going to need to move out.
____ My apartment is in poor condition and I am going to have to move out.
____ I am behind on my mortgage. I am ___ months behind and I owe $____

Housing Search (These are all old issues, but newly categorized)
____ I need help finding a permanent place to live.
____ I stay in a shelter at night.
____ I live on the street and I need help finding housing
____ I want to talk about how to get a subsidy.

Fair Housing (These are all old issues, but newly categorized)
____ I feel that I have been discriminated against for housing.
____ I have been denied housing.
Other
___ I pay 50% or more of my income to my housing costs
___ I need help making my apartment/home accessible for a disabled family member.

___ I want to buy a house and would like to learn more about how to do that.
___ I need some help to deal with my landlord to get repairs made to my apartment.
___ I am behind on utility bills and I have shut off notices.
___ I am having issues with my landlord-property management issues.
___ I am a landlord having issues with a tenant.
___ I’m a victim of domestic violence
___ Do you have a subsidy or live in public housing?

Are you working with any other agencies? (please list): _______________________________________

What is your goal? _____________________________________________________________________

The following questions will help us determine which service(s) will best help you.

What is your preferred language? _____________________________________________________

Other languages spoken at home: ______________________________________________________

Are you:  ___ Tenant ___ Homeowner ___ Homeless ___ Homebuyer ___ Advocate/Agency ___ Rental
Property Owner ___ Other (please list): ___________________________________________________

Household composition: ___ Single ___ Married ___ Divorced ___ Widowed ___ Primary caregiver
Number of Adults: ______     Number of children: ______

Do you have at least one child under 21 living with you? ___ Yes ___ No
Are you pregnant? ___ Yes ___ No

Does anyone in your household have a disability? ___ Yes ___ No ___ Self ___ Family member

Source(s) of income & benefits: ___ Wages ___ TAFDC/EADC ___ Food Stamps/ WIC ___ SSI/SSDI
___ TANF: Trans/Childcare ___ Alimony ___ Unemployment ___ Child Support ___ CHIP
___ Retirement/ Pension ___ Refugee Stipend ___ Veterans Benefits ___ Medicare/Medicaid
___ No income ___ Fuel Assistance ___ Other (please list): __________________________________

Monthly Income (gross-before taxes): $ __________________________
Monthly Rent/Mortgage Payment: $ __________________________
Education Level: ___None ___Elementary School ___High School Diploma/ GED  
___Vocational School ___College ___Post Graduate

Have you ever served on active duty in the military? ___Yes ___No ___Not sure  
If yes, which branch? ___Coast Guard ___Army ___Air Force ___Navy ___Marines  
___National Guard ___Other (please list):______________________

Ethnicity: ___Hispanic __Not Hispanic

Race (check all that apply): ___American Indian/ Alaskan ___Asian ___Black/ African American ___Native American/ Alaskan Native ___White ___Chose not to respond  
___Other (please list): _______________________________________

If you or 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 800.488.1969 or email HCEC@rcapsolutions.org.

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.
Client name:  
Name of Staff:  
Date:

Software used:  □ Octopia  □ Tracker  □ CounselorMax  □ Cornerstone

Client communicates in English: ___Fluently  ___Sufficient for effective communication
___ Adequate for basic communication   ___Very Limited  ___Speaks No English

Referral To Workshops:   Referral To Information:

□ Affordable Housing 101  □ Affordable Home Ownership
□ Avoiding Predatory Lending  □ Affordable Rental Housing
□ Budgeting/ Financial Literacy  □ Apartment/ Housing Search
□ Credit Repair  □ Basic Household Needs (i.e., clothing, furniture)
□ Dispute Resolution  □ Code Lead Violations
□ Eviction Process  □ Disaster Assistance
□ Fair Housing  □ Discrimination/ Fair Housing
□ First Time Home Buyer  □ Employment Assistance
□ Foreclosure Prevention  □ Equity Options/ Refinancing
□ Housing Search  □ Eviction Process
□ Landlord Workshop  □ Financing
□ Lead Based Paint Hazards  □ General Housing Information/ Outreach
□ Post Purchase  □ Home Improvement
□ Tenant Rights & Responsibilities  □ Homeless/ Shelter Information
□ Utilities  □ Housing Search
□ Other:  □ Income Maximization
□ Preparation to Purchase
□ Property Management Practices
□ Rental Counseling
□ Security Deposit/ Start- Up Costs
□ Specialized Housing:  □ Fully Accessible or
□ Partially Accessible
□ Utilities
□ Weatherization

Referred to:

□ Advocate/ Vendor  □ Advocacy/ Case Management
□ Bank/ Financial Institution  □ Furniture Bank
□ Community Action Agency  □ Leased Housing
□ Credit Counseling  □ Prevention Department
□ DTA Office  □ RAFT
□ Fuel Assistance  □ Weatherization
☐ Furniture Bank ☐ Website
☐ Housing Authority ☐ Workshop
☐ Housing Court ☐ Other:
☐ Housing Mediator Please list names of agency/agencies referred to:
☐ Legal Services
☐ Legislator
☐ Management Company
☐ Other:

Counselor Notes:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________