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  ___Black/ African American  ___Native American/ Alaskan Native  ___White  ___Chose not to respond
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 (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.

FOR STAFF USE ONLY
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: ____________________________________________
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