

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

INSTRUCTIONS: To be completed via phone or in-person by the HRC to discuss current housing situation if the applicant meets Basic Eligibility from the Basic Eligibility Form. Complete this form for the Head of Household ONLY.

Prior to completing this form, complete the Basic Eligibility or print the Basic Eligibility form; confirm the person’s name, housing status, and disposition. Continue if meets Basic Eligibility.

Assessment Date: ___ / ___ / ___ (For backdate mode & Assess./Referral Program Entry)
 Staff Certification Date: ___ / ___ / ___ (For the Housing Stabilization Program Entry Date)

Staff: _____ ServicePoint ID#: _____

First: _____ Middle: _____ Last: _____ Suffix: _____

The information that we discuss in this assessment is to help establish if we can help you and with which services. Most of this information has to be entered into a database called InHOUSE used for this program. Your information including your name and Social Security Number will be available to this program if we work with you. Your information will also be visible to other agencies that are partners in this program. Is that OK? **(If in-person, complete ROI form.)**

- No Yes

Thank you! Let’s continue with the assessment.

What is your social security number? _____ - _____ - _____

- Full SSN reported Partial SSN Reported Don’t know or don’t have SSN Refused

Why are you seeking assistance?

- I want to keep the housing I have I need to move (I can’t stay where I am) I don’t have a place to stay right now I am in a shelter or housing program and have been referred for rapid re-housing

If you intend to keep your current housing, what is your monthly rent? _____



If the household intends to remain in their current unit, does the rent amount exceed the payment standard (based on the chart below)?

- No: Proceed to next page.
 Not applicable: Client will be relocating or is not currently housed.
 Yes: Client is not eligible to be subsidized in their current unit. Ask the client if they are interested in relocating to less expensive housing and if so, proceed with assessment. Otherwise, stop here; client is not eligible. Do not continue further on this form. Mark the appropriate response on the Eligibility Closure Form.

Yes but with mitigating circumstances as follows (see below for examples): _____
 _____ Proceed to next page.

SRO	Studio	1-bedroom	2-bedroom	3-bedroom	4-bedroom
\$722	\$963	\$1162	\$1377	\$1867	\$2312

Examples of when an exception might be made to the payment standard and still be reasonable could include when the specific unit could be considered a reasonable accommodation for a household with a disability, when the unit is located close to school or work such that there is a budget savings to the household of living there that offsets the extra cost, or where the opportunity costs of moving them to a cheaper unit come close to or exceed what it costs to keep them in place. The unit will still need to meet the rent reasonableness determination.

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

Approximately how much money do you have in bank accounts currently (including all savings, checking and investment accounts)? _____

How many cars does your household own? _____



If assets exceed \$2,000 per individual or \$3,000 per couple or if household has more working cars than adult drivers, the household is ineligible. Do not continue further on this form. Mark the appropriate response on the Eligibility Closure Form.

If you are at risk of losing your current housing, what are the barriers to keeping your housing right now? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> I don't have enough income to pay rent | <input type="checkbox"/> I've had a temporary financial crisis and gotten behind in rent | <input type="checkbox"/> I am at risk of eviction for lease violations |
| <input type="checkbox"/> I have a dispute with other household members | <input type="checkbox"/> I am experiencing domestic violence | <input type="checkbox"/> I am living in substandard housing |
| <input type="checkbox"/> Landlord harassment | <input type="checkbox"/> I am aging out of foster care | <input type="checkbox"/> I am renting a property under foreclosure |
| <input type="checkbox"/> Other: _____ | | |

Is your name on a rental agreement?

- No Yes Don't Know

If your name is not on a rental agreement, are you living with someone who has a rental agreement and who has notified you in writing that you must leave?

- No Yes Don't Know

If you owe back rent, how much do you owe? _____

How many month's rent is that?

- One Two Three Four Five Six or more Don't Know

Is your landlord willing to accept rent from you?

- No Yes Don't Know Refused Does Not Apply

If you are at risk of eviction, where are you in the eviction process?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Have not been served formal notice | <input type="checkbox"/> Served a 3-day notice to pay rent or quit | <input type="checkbox"/> Served an Unlawful Detainer summons | <input type="checkbox"/> Eviction judgment has been issued |
| <input type="checkbox"/> Does not apply | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused | |

Are you currently doing anything to increase your household income or decrease your costs?

- No Yes Don't Know Refused Does Not Apply

Describe: _____

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

If you are to be assisted, are you willing to participate in services to increase your income or decrease your costs?

- No Yes Don't Know Refused Does Not Apply



If household is not currently working toward increasing income or decreasing costs and is unwilling to do so, the household *may* be determined as ineligible. (Note that persons with a fixed income who have described a one-time set back may not need to increase income to remain stable.) If determining not to serve, do not continue further on this form. Mark the appropriate response on the Eligibility Closure Form.

Other relevant information: _____

Data Entry Note:

If person is INELIGIBLE, complete the Eligibility Closure Form and enter the Eligibility Closure Form answers into HMIS.

If person is ELIGIBLE, only enter the SSN in the Client Profile and continue with the Housing & Financial Assessment. Do not enter any other data from pages 1 – 3.

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

FINANCIAL ASSISTANCE ASSESSMENT: *Head of Household ONLY.*

Date: ___ / ___ / _____ (not for use in ServicePoint) ServicePoint ID # _____

First: _____ Middle: _____ Last: _____ Suffix: _____

Data Entry Note: Enter the full SSN into the Client Profile and enter the answers on Pages 4 -10 on the HPRP Financial Assistance assessment. **BE SURE TO USE BACKDATE MODE USING THE ASSESSMENT DATE ON PAGE 1** if you are not entering data on the same day as the assessment.

The next few questions apply to your household. By that, I mean the people you consider your family who would be living or moving into housing with you. Don't include the people you may be living with if they wouldn't be relocating with you to other housing.

How many people are in the household that you are here seeking housing services for? _____

How many are ADULTS in that household? _____

How many are CHILDREN under the age of 18 that are currently living with this household? _____

How many OTHER children under age 18 are NOT currently living with this household? _____

Have you yourself received income from any source in the past 30 days?

- No Yes Don't Know Refused

If the answer is "NO", skip to next page.

Monthly Income Information ***If "YES", identify source, amount and start date (required).***

Source	Monthly Amount	
<input type="checkbox"/> Alimony or other spousal support	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Child support	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Earned Income	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> General Assistance (GA)	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Pension from a former job	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Private disability insurance	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Retirement Income from Social Security	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Supplemental Security Income or SSI	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> (TANF) Temporary Assistance for Needy Families	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Unemployment Insurance	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> A veteran's disability payment	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Veteran's pension	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Worker's compensation	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Other source	\$ _____ .00	Start Date: ___ / ___ / _____

NOTE: If this household qualifies for assistance, s/he will need to provide verification of each income source.

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

Have you received any of the non-cash benefits listed below in the past 30 days?

- No
 Yes
 Don't Know
 Refused

If answer is “NO”, skip to next page.

Non-cash Benefit Information ***If “YES”, identify source, amount and start date (required).***

Source

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <i>(Previously known as Food Stamps)</i>	Start Date: ___ / ___ / _____
<input type="checkbox"/> MediCAL health insurance program (MEDICAID)	Start Date: ___ / ___ / _____
<input type="checkbox"/> MEDICARE health insurance program	Start Date: ___ / ___ / _____
<input type="checkbox"/> Healthy Families Insurance program (SCHIP)	Start Date: ___ / ___ / _____
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Start Date: ___ / ___ / _____
<input type="checkbox"/> Veteran’s Administration (VA) Medical Services	Start Date: ___ / ___ / _____
<input type="checkbox"/> TANF/CalWORKS Child Care services	Start Date: ___ / ___ / _____
<input type="checkbox"/> TANF/CalWORKS transportation services	Start Date: ___ / ___ / _____
<input type="checkbox"/> Other TANF/ CalWORKS-funded services	Start Date: ___ / ___ / _____
<input type="checkbox"/> Section 8 , public housing, or other ongoing rental assistance	Start Date: ___ / ___ / _____
<input type="checkbox"/> Temporary rental assistance	Start Date: ___ / ___ / _____
<input type="checkbox"/> Other source	Start Date: ___ / ___ / _____

Instructions for asking the following Assessment Questions:

The next series of questions ask first about the person you are speaking with followed by a question about *other* adult members of his/her household.

If the person with whom you are speaking is the only adult in his/her household, mark “does not apply” in the “*other* adult” question, and skip reading the second question directed to *another* adult household member.

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

HOUSEHOLD EMPLOYMENT/INCOME POTENTIAL:

Are you employed?

- No Yes

If currently employed, how many hours did you work last week? _____ hours

Is another adult member of your household employed?

- Does not apply No Yes

If currently employed, how many hours did s/he work last week? _____ hours **SCORE**

How many total hours did the working adults work last week? _____ hours	
Not employed/0 hrs = 0 1-19 hrs = 1 20 – 29 hrs = 3 30+ hrs = 5	

If currently employed, is your work permanent, temporary, or seasonal?

- Permanent Temporary Seasonal

If another adult household member is employed, is this permanent, temporary, or seasonal work?

- Does not apply Permanent Temporary Seasonal

Based on the information to the two previous questions, select the appropriate score below

<input type="checkbox"/> No adults working = 0	<input type="checkbox"/> 1 adult has temporary or seasonal work = 1	<input type="checkbox"/> 2 adults have temporary or seasonal work = 3	<input type="checkbox"/> At least one adult has permanent work = 5	
--	---	---	--	--

When did you last have employment that lasted more than 30 days?

- Never employed Longer than 3 years ago Within past 3 years Within past year Currently employed

When did another adult member of the household most recently have employment that lasted more than 30 days?

- Does not apply Never employed Longer than 3 years ago Within past 3 years Within past year Currently employed

Based on the information to the two previous questions, select the appropriate score below

<input type="checkbox"/> No adults ever employed = 0	<input type="checkbox"/> At least one adult employed more than 3 years ago = 1	<input type="checkbox"/> At least one adult employed within past 3 years = 2	<input type="checkbox"/> At least one adult employed within past 1 year = 3	<input type="checkbox"/> One adult currently employed = 4	<input type="checkbox"/> Both adults currently employed = 5	
--	--	--	---	---	---	--

Are you in school now, or working on any degree or certificate?

- No Yes

Is another adult household member in school now, or working on any degree or certificate?

- Does not apply No Yes

If yes to either of the above questions, when is the soonest schooling will be completed?

<input type="checkbox"/> "NO" = 0 More than 18 months = 0	<input type="checkbox"/> 12-18 months = 1	<input type="checkbox"/> 6-12 months = 3	<input type="checkbox"/> Less than 6 months = 5	
--	---	--	---	--

Other than earned income, does any member of your household have another permanent source of income (such as Social Security, SSI, Veteran's benefits, pension) or time limited source of income (unemployment benefits, short term disability-SDI, child support, or CalWORKs)? (Do not count GA)

<input type="checkbox"/> Does not apply = 0	<input type="checkbox"/> Time limited source = 2	<input type="checkbox"/> Permanent source = 5	
---	--	---	--

EMPLOYMENT/INCOME POTENTIAL SUBTOTAL SCORE _____

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

FINANCIAL STATUS:

What is the total gross household monthly income (include all household members)? \$ _____

What is the total gross household annual income? \$ _____

Using the chart below, determine the percent of Area Median Income (AMI) SCORE

<input type="checkbox"/> No income = 0	<input type="checkbox"/> 1-15% AMI = 1	<input type="checkbox"/> 16-30% AMI = 3	<input type="checkbox"/> 31-50% AMI = 5	<input type="checkbox"/> 51% or more AMI = INELIGIBLE	
---	---	--	--	--	--

Household size	1	2	3	4	5
15% AMI	\$9,375	\$10,710	\$12,060	\$13,395	\$14,460
30% AMI	\$18,750	\$21,420	\$24,120	\$26,790	\$28,920
50% AMI	\$31,250	\$35,700	\$40,200	\$44,650	\$48,200

Note: Answer one of the following two questions (whichever applies). Record a score of zero for the non applicable question.

If the household is currently housed and hoping to stay housed in the same place, what is the ratio of rent to household income?

<input type="checkbox"/> Rent is greater than 80% of income = 0	<input type="checkbox"/> Rent is between 61 and 80% of income = 3	<input type="checkbox"/> Rent is between 41 and 60% of income = 4	<input type="checkbox"/> Rent is less than 40% of income = 5	
--	--	--	---	--

If household is currently homeless OR currently housed but needing to move, use the following fair market rents and the minimum unit size required to estimate the rent to income ratio

<input type="checkbox"/> Rent is greater than 120% of income = 0	<input type="checkbox"/> Rent is between 91 and 120% of income = 3	<input type="checkbox"/> Rent is between 61 and 90% of income = 4	<input type="checkbox"/> Rent is less than 60% of income = 5	
---	---	--	---	--

Fair Market Rents: Minimum Unit Size Monthly Rent

Studio	1-bedroom	2-bedroom	3-bedroom	4-bedroom
\$905	\$1093	\$1295	\$1756	\$2174

To calculate rent to income ratio:

(Min. Unit / Actual Monthly Rent) divided by (Monthly Household Income) times 100 = ratio %

How much does your household currently owe in outstanding bills other than past due rent or utilities?

<input type="checkbox"/> More than \$2500 = 0	<input type="checkbox"/> Between \$1,001 and \$2500 = 2	<input type="checkbox"/> Between \$500 and \$1,000 = 3	<input type="checkbox"/> Less than \$500 = 5	
--	--	---	---	--

FINANCIAL STATUS SECTION SUBTOTAL SCORE _____

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

HOUSING HISTORY:

How many evictions has any adult household member had within the past 5 years (unlawful detainer was filed)?

<input type="checkbox"/> Two or more in past 5 yrs = -0	<input type="checkbox"/> 1 eviction in past 5 yrs = 2	<input type="checkbox"/> No eviction history = 5	
---	---	--	--

Has any adult member of your household previously held a lease in his/her name? No Yes

Which of the following best describes your rental or mortgage history?

<input type="checkbox"/> No adult member previously held a lease or had other tenancy = 0	<input type="checkbox"/> At least one adult member has lived in another housing setting that can provide a reference = 2	<input type="checkbox"/> At least one adult member has held a lease or mortgage for less than two years (including lease they may have now) = 3	<input type="checkbox"/> At least one adult member has held a lease or mortgage in the past for more than two years = 4	<input type="checkbox"/> At least one adult member has been on the current lease for more than two years = 5	
---	--	--	---	---	--

How much of the last year have you been homeless, without permanent housing? (If none write "0" in the days field)

_____ days _____ weeks _____ months _____ year

How many times in the last 3 years have you been homeless, without permanent housing?

First time / one time 2 to 3 times 4 times or more All of it / entire time None

If CURRENTLY HOMELESS, select the appropriate score below

<input type="checkbox"/> 4 times or more in the last 3 years = 0	<input type="checkbox"/> Homeless for a full year = 0	<input type="checkbox"/> Homeless 2 – 3 times in last 3 years = 1	<input type="checkbox"/> Homeless now - first time last 3 years = 2	
--	---	---	---	--

If CURRENTLY HOUSED, select the appropriate score below

<input type="checkbox"/> Housed now- homeless 2 times or more in last three years = 2	<input type="checkbox"/> Housed now - homeless one time in last three years = 3	<input type="checkbox"/> Not homeless - none in last three years = 5	
---	---	--	--

LEGAL

What is your involvement with the criminal justice system?

<input type="checkbox"/> Current outstanding criminal warrant, arson conviction, or registered sex offender = 0	<input type="checkbox"/> Currently on parole or probation for violent crime or felony = 1	<input type="checkbox"/> Currently on parole or probation for a non-violent crime = 2	<input type="checkbox"/> No felony record, minor criminal violations, not on parole or probation = 3	<input type="checkbox"/> No criminal history = 5	
---	---	---	--	--	--

HOUSING AND LEGAL SECTION SUBTOTAL SCORE _____

How did you hear about this program?

- Shelter or Transitional Housing
- Behavioral Health Care Services
- Word of mouth
- Calworks/Social Service Agency
- From this agency or an agency in this center
- Another social services agency
- One Stop Employment Center
- Press or a flyer
- 211
- Other

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

Assessment Area	Score**
Employment/Income Potential	
Financial Status	
Housing and Legal	
TOTAL ASSESSMENT SCORE	

* Enter all scores above into HMIS.

Score Legend and Assessment Recommendation (based on score):

- 0 to 24:** Not recommended for HPRP financial assistance unless access to other subsidized housing is assured within HPRP service period. Refer to other more intensive supports and housing
- 25 to 35:** Recommended for initial 3 mo. subsidy and/or deposit/back rent. Likely to require up to 12 months financial assistance and moderate support services
- 36 to 45:** Recommended for initial 3 mo. subsidy and/or deposit/back rent. Likely to require up to 3 months financial assistance and minimal support services
- 46 to 60:** Not recommended for HPRP financial assistance. Offer housing location assistance and links to other services as appropriate.

Actual assistance offered:

- Not offered HPRP financial assistance. Referred to other more intensive supports and housing.
- Approved for initial 3 mo. subsidy and/or deposit/back rent. Likely to require up to 12 months financial assistance and moderate support services
- Approved for initial 3 mo. subsidy and/or deposit/back rent. Likely to require up to 3 months financial assistance and minimal support services
- Not offered HPRP financial assistance. Offered housing location assistance and links to other services.

Did the actual financial assistance offered differ from the assessment recommendation? No Yes

If yes, explain as specifically as possible: _____

Staff Supervisor/Manager Approval: _____
Signature Date

If YES, Assistance Offered did differ from the assessment recommendation, mark the ONE reason that best fits.

OFFERED ASSISTANCE: If the household **scored 0 to 24 or 46 to 60** and you will be assisting them, indicate below which qualifying special circumstances the household meets.

- Scored **0 to 24**, but is in subsidized housing and only needs short term assistance to maintain housing.
- Scored **0 to 24**, but is *anticipated* to receive a housing subsidy or enter subsidized housing program within three to six months.
- Scored **0 to 24**, but has a fixed long-term income source (such as SSI, social security, VA benefits or pension), a rent to income ratio less than 60% and needs only back rent assistance of less than \$3,000.
- Scored **0 to 24**, but is expected to have an increase in income soon (such as pending child support, an approved increase in hours or wages, or a job offer.)
- Scored **46 to 60**, but will lose this housing AND be staying in a shelter, car or on the streets without assistance.
- Scored **46 to 60**, but will be unable to retain their housing and will become homeless due to a domestic/family situation that requires immediate attention.
- Other (provide detailed explanation): _____

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

NOT OFFERED ASSISTANCE (Requires second level of approval): The household scored **25 to 45** but was **not offered** assistance because the household:

- has no current source of income AND is unwilling to engage in any activities to increase income.
- income is inadequate to support current housing AND applicant is unwilling to move or engage in any activities likely to increase income.
- can be better served in another program or housing situation and has been assisted to access that housing or service. Program name that household accessed: _____
- is over income, over assets or otherwise unqualified for the program.
- has resolved situation on own or through other means.
- Other: _____

Above section requires second level of approval

Staff Supervisor/Manager Approval: _____	Signature	Date
--	-----------	------



If not offered financial assistance, provide Information and Referrals and enter the client as an Assessment and Referral client.

Which referrals were given? Mark all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> GA | <input type="checkbox"/> SSI Advocacy | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Food pantry | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> CalWORKS | <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Legal services |
| <input type="checkbox"/> Credit repair | <input type="checkbox"/> Specify: _____ | |

If “eligible” FOR FINANCIAL ASSISTANCE, proceed to HEAD OF HOUSEHOLD INTAKE FORM.

***For data entry information only...* Based on Assessment and verification of income and housing situation, which HRC program is this Household going to be entered in?**

- | | |
|---|---|
| <input type="checkbox"/> East DUB/UNINC Assessment/Referral | <input type="checkbox"/> East DUB/UNINC Housing Stabilization |
| <input type="checkbox"/> East STATE LM/PL Assessment/Referral | <input type="checkbox"/> East STATE LM/PL Housing Stabilization |
| <input type="checkbox"/> Mid ALAMEDA Assessment/Referral | <input type="checkbox"/> Mid ALAMEDA Housing Stabilization |
| <input type="checkbox"/> Mid HAYWARD Assessment/Referral | <input type="checkbox"/> Mid HAYWARD Housing Stabilization |
| <input type="checkbox"/> Mid SL STATE Assessment/Referral | <input type="checkbox"/> Mid SL STATE Housing Stabilization |
| <input type="checkbox"/> Mid UNINC Assessment/Referral | <input type="checkbox"/> Mid UNINC Housing Stabilization |
| <input type="checkbox"/> NoCo BERKELEY Assessment/Referral | <input type="checkbox"/> NoCo BERKELEY Housing Stabilization |
| <input type="checkbox"/> NoCo URBAN Assessment/Referral | <input type="checkbox"/> NoCo URBAN Housing Stabilization |
| <input type="checkbox"/> Oakland DOWNTOWN Assessment/Referral | <input type="checkbox"/> Oakland DOWNTOWN Housing Stabilization |
| <input type="checkbox"/> Oakland EASTMONT Assessment/Referral | <input type="checkbox"/> Oakland EASTMONT Housing Stabilization |
| <input type="checkbox"/> Oakland TAY Assessment/Referral | <input type="checkbox"/> Oakland TAY Housing Stabilization |
| <input type="checkbox"/> Oakland OPRI Assessment/Referral | <input type="checkbox"/> Oakland OPRI Housing Stabilization |
| <input type="checkbox"/> South FREMONT Assessment/Referral | <input type="checkbox"/> South FREMONT Housing Stabilization |
| <input type="checkbox"/> South UC STATE Assessment/Referral | <input type="checkbox"/> South UC STATE Housing Stabilization |
| <input type="checkbox"/> South URBAN Assessment/Referral | <input type="checkbox"/> South URBAN Housing Stabilization |
| <input type="checkbox"/> Other: (specify) _____ | |