



HOUSING NEEDS ASSESSMENT

First Name: _____
Last Name: _____
Current Age: _____
Date of Birth (MM/DD/YYYY): _____
Current Location: _____

Please complete the following assessment for housing needs. If you have any questions, please let your care coordinator know.

Please check the box that applies to your current living situation:

- ☐ I am living on the street or in my car.
- ☐ I am living in a place that is uninhabitable (no running water or working toilet).
- ☐ I am currently living in a hotel paid for by friends, family members or an organization and unable to cover the expenses of the hotel.
- ☐ I am couch surfing with different friends and family.
- ☐ I am currently staying with family and friends for an extended period of time and not paying any rent.
- ☐ I am currently in a shared housing situation.
- ☐ I am currently renting an apartment that I am not able to afford long term.
- ☐ I am currently renting an apartment that I am able to afford.
- ☐ The room or apartment that I am renting will be sold and I have been given a notice that I will need to move. I have to move on or before _____ (include date).
- ☐ The room or apartment that I am renting will no longer be available due to the owner's family moving in. I have to move on or before _____ (include date).
- ☐ I am experiencing a court ordered eviction.
- ☐ I have been given a three day notice and I will need to move because I am unable to pay to stay.
- ☐ Other: _____

GENERAL CLIENT INFORMATION:

How many individuals will be living with you?
(Indicate number of children and number of adults in the household)

_____ Adults _____ Children

Are you a veteran?

- ☐ Yes
- ☐ No

Are you a senior citizen?

- ☐ Yes
- ☐ No

Are you disabled? (circle one)

☐ Yes

☐ No

If yes, Tell us more about our disability. Has your disability been proven by the state and do you receive disability benefits from the state?

Are you currently homeless?

☐ Yes

☐ No

Are you or any members of your household previously incarcerated?

☐ Yes

☐ No

If yes, please indicate if they are currently on probation and working with a Parole Officer. List the name of the parole officer. There might be a housing option that your parole officer can refer you to.

Parole Officer Name: _____

Phone Number: _____

INCOME:

What is your annual gross household income? _____

(To calculate annual gross income, multiply monthly income by 12 months)

What is your take home pay each month? _____

How many people are in your household? _____ # of Adults _____ # of Children

VITAL DOCUMENTS:

Check the following vital documents that are currently in your possession.

☐ Valid State ID or Driver's License for all adults that will be living in the apartment.

☐ Birth Certificates for all Children under the age of 18.

☐ Social Security Cards for all Adults 18+.

Do you need help getting these documents?

☐ Yes

☐ No

If yes, which documents do you need help obtaining?

HOUSING HISTORY:

If Homeless, what was your last date of permanent housing? ____ / ____ / ____

Have you ever been evicted from permanent housing?

☐ Yes, Date: ____ / ____ / ____

☐ No

Share the reason for eviction and, if you went through the court eviction process?

FINANCIAL INFORMATION:

Have you done your credit score in the last 30 days? If so, what is your credit score? _____

Do you currently have proof of employment or financial benefits?

- ☐ Three Months of Pay Check Stubs
- ☐ 6 Months of Bank Statements
- ☐ Social Security Letter Displaying Benefits(if receiving government benefits, a letter is needed to be dated in the last three months)

HOUSING OPTIONS & AREA DESIRED

Housing Location Desired:

- ☐ Livermore
- ☐ Pleasanton
- ☐ Dublin
- ☐ Castro Valley
- ☐ Hayward
- ☐ San Leandro
- ☐ Oakland
- ☐ Fremont
- ☐ Newark
- ☐ Union City
- ☐ Other California County: _____
- ☐ Other State: _____

Do you have family in this area or another area that you would be able to stay with?

- ☐ Yes
- ☐ No

If Yes, please share more about this situation here:

Would you be interested in a room rental?

- ☐ Yes
- ☐ No

Have you applied for BMR Housing?

- ☐ Yes
- ☐ No

Which complexes have you applied at?

Have you applied for a section 8 voucher?

- ☐ Yes
- ☐ No

Indicate which housing organizations you have applied with for a section 8 voucher and the date that you applied?

Please indicate where you have applied and the date you applied for each one.

If you were denied for the program, please indicate why.

Have you worked with any other organizations to obtain housing?

☐ Yes

☐ No

Please indicate which organizations and what you are working on with them?

What other services are they providing you?

Name of Case Worker: _____ Phone Number: _____

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Name of Care Coordinator: _____

Use Hud chart to calculate your AMI:

____ Extremely Low Income (<30% AMI)

____ Very Low Income (30-50% AMI)

____ Low Income (50-80% AMI) 7

____ Moderate Income (80% to 120% Median)

____ Non Low/Mod Income (>120% Median)