

**HOUSING SUPPORT SERVICE
CLIENT NEEDS ASSESSMENT FOR ASSISTANCE**

Client name: _____ Date: _____

Employment:

1. Are you now employed? (Y/N) _____
2. Name of business: _____
3. Address: _____
4. Phone number: _____
5. Your title/type of work you do: _____
6. Gross monthly income: _____

Unemployment:

1. Are you now unemployed? (Y/N) _____
2. Date of last employment: _____
3. Place of last employment: _____
4. Reason you left your job: _____
5. Your title/type of work you did: _____
6. Are you now able to work? (Y/N) _____ If no, explain: _____
7. Have you been seeking employment? (Y/N) _____ If yes, for how long? _____
8. Are you receiving unemployment assistance? (Y/N) _____ How much? _____/month

Social Security

1. Are you now receiving Social Security income? (Y/N) _____
If yes, what (SSI, SSDI)? _____ Amount? \$ _____
2. Have you applied for Social Security (SSI, SSDI)? (Y/N) _____
If yes, what (SSI, SSDI)? _____
3. When will you receive your first SSI/SSDI check? _____
4. Have you been denied Social Security? (Y/N) _____
5. If yes, are you appealing? (Y/N) _____ Date of last appeal: _____
6. Do you have an appeal hearing date? (Y/N) _____ Hearing date: _____

Housing

1. Are you now homeless? (Y/N) _____
2. If yes, how long have you been homeless? _____ Years _____ Months
3. How many people reside within your household? _____
4. # of adults in your household: _____ What is each adult's relation to you? _____
5. # of children in your household: _____ What is each child's relation to you? _____
6. What is the total income of all other members of your household? (Do not include yourself)
\$ _____
7. Do you live alone? (Y/N) _____ If yes, would you consider shared housing? (Y/N) _____

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(continued)**

Financial

1. Do you receive TANF? (Y/N) _____ If yes, monthly amount: \$ _____
 2. Do you receive child support? (Y/N) _____ If yes, monthly amount: \$ _____
 3. Do you receive food stamps? (Y/N) _____ If yes, monthly amount: \$ _____
 4. List **all** other sources of income and amount received per month:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
- Total of Lines 1 to 4:** \$ _____

I have been informed of the housing support service guidelines, and understand that I must work with my Case Manager in developing a comprehensive plan to secure and maintain housing stability and enhance financial management. I certify that all information provided in this assessment is true and correct, and I understand that providing false information will result in immediate termination of housing assistance and possible criminal prosecution.

Client Signature

Date

Case Manager Signature

Date