**Housing History**

1. Tell me about the last place you lived that worked well for you. What about that experience/housing/situation made it work well for you?

2. Have you been on a lease before? How did that end? Can you get a positive landlord reference? Have you had any past evictions?

3. Have you ever lived in public housing or Section 8, or other subsidized housing before? How did that end? Do you owe any money to a housing authority?

**Housing Goals**

1. Where do you have any friends or family? *Where is your childcare set up? Your children’s schools?* Job options? Transportation?

2. What kind of apartment are you looking for? Do you need any special accommodations? What size unit?

3. What monthly rent range are you trying to stay in? How much do you think you can afford each month?

4. What are some things relevant to your housing that you can’t live without?

5. How comfortable are you looking for an apartment?

Number of adults in households \_\_\_\_\_ Number of children in households \_\_\_\_\_\_

Location, in order of preference: Preferred size:

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** Studio

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** One bedroom

(3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** Two bedroom

(4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** Three bedroom

(5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Needs:**

**□** Close to public transportation

**□** Close to childcare

**□** Close to \_\_\_\_\_\_\_\_\_ school

**□** Close to \_\_\_\_\_\_\_\_\_ clinic/medical facility/treatment facility

**□** One level unit

**□** Yard or nearby park

**□** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing Challenges**

1. Have you tried applying for a new lease recently? What was the outcome? What did they tell you about your application?

2. Do you have any concerns about moving back into your own place? What are they?

3. Do you have a felony criminal record? ☐Yes ☐Misdemeanor ☐Offense(s)

4. Do you have any addiction/recovery needs or concerns? ☐Yes ☐No ☐Previously

Substance(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Finances**

|  |  |
| --- | --- |
| **Source of Income** | **Amount from Source** |
| **□** Earned Income |  |
| **□** Unemployment Insurance |  |
| **□** Supplemental Security Income or SSI |  |
| **□** Social Security Disability Income (SSDI) |  |
| **□** A veteran’s disability payment |  |
| **□** Private disability insurance |  |
| **□** Worker’s compensation |  |
| **□** Temporary Assistance for Needy Families (TANF) |  |
| **□** General Assistance (GA) |  |
| **□** Retirement income from Social Security |  |
| **□** Veteran’s pension |  |
| **□** Pension from a former job |  |
| **□** Child support |  |
| **□** Alimony or other spousal support |  |
| **□** Other source |  |
| **Total monthly income** |  |

**Non-Cash Benefits**

Do you participate in any of the following programs? (*Check all that apply.*)

**□** Food stamps or money for food on a benefits card

**□** MEDICAID health insurance program

**□** MEDICARE health insurance program

**□** State Children’s Health Insurance Program

**□** Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

**□** Veteran’s Administration (VA) Medical Services

**□** TANF Child Care services

**□** TANF transportation services

**□**Other TANF-funded services

**□** Section 8, public housing, or other rental assistance

**□** Other sources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Debt**

|  |  |  |
| --- | --- | --- |
| Origin of Debt | Amount | Contact Info |
| Gas Company | $ |   |
| Electric | $ |   |
| Telephone | $ |   |
| Child Support | $ |   |
| IRS | $ |   |
| Car (Loan/Tickets) | $ |   |
| Student Loans | $ |   |
| Credit Cards | $ |   |
| Storage | $ |   |
| Other | $ |   |
| **Total** | **$** |   |

What type of credit history do you have?

**□** Good **□** Bad **□** No Credit History **□** Don’t Know

Assets:

Do you have a bank account? **□**No **□**Yes

**□** Checking $ \_\_\_\_\_\_\_\_\_ **□** Savings $ \_\_\_\_\_\_\_\_\_ **□** Other $ \_\_\_\_\_\_\_\_\_\_

Do you have any assets (car, property, CD, IRA)? **□** No **□** Yes

Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment**

Are you currently employed? **□** No **□** Yes

How many hours did you work last week? \_\_\_\_\_\_ hours

Was this permanent, part-time, temporary, or seasonal work?

**□** Permanent **□** Part-time **□** Temporary **□** Seasonal

Current Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous employment (type and duration): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently looking for work? **□** No **□** Yes

Are you currently able to work? **□** No **□** Yes

Do you qualify for disability? ☐Yes, I need help applying ☐Yes ☐No ☐I don’t know

What is your experience with writing a resume? ☐Little ☐Some ☐None

What is your experience with interviewing? ☐Little ☐Some ☐None

What education or job training do you have?

What are some educational/vocational training skills or courses that you would like to participate in?
What skills do you most feel that you need?
Where would you like to see yourself and what would you like to do?

**Identification Documents**

Social Security Card **□** No **□** Yes **□** Needs to Obtain

Birth certificate **□** No **□** Yes **□** Needs to Obtain

State ID **□** No **□** Yes **□** Needs to Obtain

Green Card/Work Permit **□** No **□** Yes **□** Needs to Obtain

Other **□** No **□** Yes **□** Needs to Obtain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_