Homelessness Prevention Assessment Tool Date: _____

Name: _____ Telephone #: ( ) _____—_____
Physical Address: _____/_____/_____
Street City Zip
Referred By: _____ Telephone #: ( ) _____—_____

1. Are you at risk for losing your current housing? ☐ No ☐ Yes
2. What is your financial obligation? ☐ Rent ☐ Mortgage
3. How far behind are you in rent/mortgage? _____
4. How much is rent/mortgage per month? _____
5. Have you been evicted? ☐ No ☐ Yes
6. Are you going to be evicted within the next 7 days? ☐ No ☐ Yes
7. Are you being discharged within the next week from an institution/hospital/jail for which you have been a resident for more than 30 consecutive days? ☐ No ☐ Yes
8. Are you living in housing that has been condemned by housing officials and is no longer considered meant for human habitation? ☐ No ☐ Yes
9. Are you fleeing a domestic violent housing situation? ☐ No ☐ Yes
10. Are you doubled up with friends or relatives who are at-risk of losing their housing? ☐ No ☐ Yes
11. What is your source of income? _____ Amount of income: _____
12. Does the consumer meet the income and asset criteria as listed in Income Limits Module? ☐ No ☐ Yes

Durham	24,950	28,500	32,100	36,650	38,500	41,350	44,200	47,050

13. Is the consumer lacking other adequate support to avoid being homeless? ☐ No ☐ Yes, what supports?
_____
14. Do you have any pending legal issues? ☐ No ☐ Yes, please explain: _____
_____
15. What barriers do you have that prevent you from keeping you current housing?
    - ☐ Rental History
    - ☐ Credit History
    - ☐ Criminal History
    - ☐ Drug Use
    - ☐ Mental Health
    - ☐ Domestic Violence/Abuse
    - ☐ Physical/Medical Condition
16. Are you receiving mental health or substance use services from any agency? ☐ No ☐ Yes
    a. What is your diagnosis? _____
    b. What is you agency's name? _____
        i. Telephone #: ( ) _____—_____
    c. Who is the contact person? _____
        i. Telephone #: ( ) _____—_____
    d. Who is you psychiatrist/psychologist/therapist? _____
        i. Telephone #: ( ) _____—_____

Consumer Signature: _____

Social Worker Signature: _____
Frank Bryant II