



County of Lake Homelessness Prevention & Rapid Re-Housing (HHLC)
HHLC Assessment

Client Name: Phone:

Address:

Date: Agency:

The income information below is required as a condition of the receipt of program funding from the U. S. Department of Housing and Urban Development (HUD). The information requested on this form will be used to assure that HUD funds are being used to benefit low- and moderate - income persons without racial or ethnic discrimination.

A. Assessment

1. Please circle your family size and the appropriate income level range on the same line:

Table with 2 columns: No. in Family, Income Level Range. Rows for 1-4 family members with income ranges up to 28,950.

Table with 2 columns: No. in Family, Income Level Range. Rows for 5-8 family members with income ranges up to 38,250.

2. Does your household have any other appropriate housing options identified? (Check One):

- Yes, No, Don't Know, Refused

3. Does your household lack the financial resources and support networks needed to obtain immediate housing? (Check One):

- Yes, No, Don't Know, Refused

4. Are you receiving any other federal, state or local assistance with security deposits, housing, payments utility payments, storage fees, or moving costs? (Check One):

- Yes, No, Don't Know, Refused

5. HHLC is intended to help people who have lost their housing or are at risk of losing their housing and need assistance to re-gain or stay in their homes and re-gain self-sufficiency relatively quickly. If you receive help and support from this program, will you be able to support your family on your own again relatively soon?

Yes or No

Please explain:

Three horizontal lines for explanation text.

6. Reason(s) for applying for HHLC (check as many as apply):

- Need help with security deposit, monthly rent, utility bill(s), moving costs, Other - Explain:



7. Please check all that apply and provide a brief explanation of why you are unable to pay your rent/utilities/etc:

- Loss of job and/or wages or hours cut
- Illness/Injury
- Increase in rent/utility costs
- Other—Explain \_\_\_\_\_

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

**B. Household Information**

1. Name of person who is considered Head of Household: \_\_\_\_\_
2. Total Number of People in Household: \_\_\_\_\_  
 # Adults in household (anyone age 18+): \_\_\_\_\_ # Children: \_\_\_\_\_

**C. Household Employment Information**

**1. Head of Household: Are you currently employed?** Yes No

If ““Yes,”” how many hours did you work last week? \_\_\_\_\_ Hours Wage: \$ \_\_\_\_\_

Was this permanent, part-time, temporary, or seasonal work? (put an “x” next to one)

\_\_\_\_Permanent \_\_\_\_Part-time \_\_\_\_Temporary \_\_\_\_Seasonal

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

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

Documentation Provided: \_\_\_\_\_ (minimum of last two pay stubs)

If unemployed, are you currently looking for work?  Yes  No

If currently unable to work, list reason(s): \_\_\_\_\_

**2. Are any other adults (age 18+) in household?**  Yes  No  N/A

Are they currently employed? Yes No

If “Yes,” how many hours did they work last week? \_\_\_\_\_ Hours Wage: \$ \_\_\_\_\_

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

\_\_\_\_Permanent \_\_\_\_Part-time \_\_\_\_Temporary \_\_\_\_Seasonal

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

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

Documentation Provided: \_\_\_\_\_ (minimum of last two pay stubs)

If unemployed, are you currently looking for work?  Yes  No

If currently unable to work, list reason(s): \_\_\_\_\_



**D. Household Debt Information**

Debt(s) Owed To:	Monthly Amount	Description (give amount if any are in arrears)	Contact # for entity owed to:	Documentation Provided (if applicable)
Landlord	\$			
Groceries	\$			
Child Support Payments	\$			
Credit Cards	\$			
Loans	\$			
Student Loans	\$			
IRS Payments	\$			
Collections	\$			
Day Care	\$			
PG&E	\$			
Cable/Dish	\$			
Internet	\$			
Landline Phone	\$			
Cell Phone	\$			
Water/Sewer	\$			
Bus	\$			
Car Payment	\$			
Insurance	\$			
Gas	\$			
Doctor	\$			
Dentist	\$			
Prescriptions	\$			
Medical Bills	\$			
Storage	\$			
Laundry	\$			
Eating Out	\$			
Cosmetics/Personal Care	\$			
Diapers	\$			
Clothing	\$			
Cigarettes	\$			
School Tuition/Books	\$			
Union/Club/Gym Dues	\$			
Church Tithing	\$			
Other	\$			
<b>Total</b>	<b>\$</b>			



**E. Assets:**

1. Do you have a bank account?  Yes  No  
 Checking \$ \_\_\_\_\_  Savings \$ \_\_\_\_\_  Other \$ \_\_\_\_\_
2. Do you have any other assets (car, property, CD, IRA)?  No  Yes  
 Details: \_\_\_\_\_
3. Any other pertinent information about debt or assets that we should know? If so, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**F. Housing History**

What types of housing have you previously lived in during the last five years? Check all that apply, and include dates of residence and reason for leaving:

Type of Residence	Dates of Residence	Reason for Leaving
<input type="checkbox"/> Emergency shelter		
<input type="checkbox"/> Transitional housing for homeless persons		
<input type="checkbox"/> Permanent housing for formerly homeless persons		
<input type="checkbox"/> Psychiatric hospital or facility		
<input type="checkbox"/> Substance abuse treatment facility or detox center		
<input type="checkbox"/> Hospital (non-psychiatric)		
<input type="checkbox"/> Jail, prison or juvenile detention facility		
<input type="checkbox"/> Room, apartment, or house that you rent		
<input type="checkbox"/> Apartment or house that you own		
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house		
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house		
<input type="checkbox"/> Living with parents		
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher		
<input type="checkbox"/> Foster care home or foster care group home		
<input type="checkbox"/> Place not meant for habitation		

**Private Housing History** – Please list your past 3 residences (prior to current housing)

1. Type of housing:  Private  Subsidized      Dates of Residence: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 If subsidized:  Section 8 Voucher  Other: \_\_\_\_\_  
 Name of Housing Authority: \_\_\_\_\_  
 Landlord or Housing Authority Contact & Phone #: \_\_\_\_\_  
 Rent: \$ \_\_\_\_\_      Who paid rent: \_\_\_\_\_  
 Were you listed on the lease?  Yes  No  Don't Know  
 Reason for leaving: \_\_\_\_\_



2. Type of housing:  Private  Subsidized      Dates of Residence: \_\_\_\_\_

Address: \_\_\_\_\_

If subsidized:  Section 8 Voucher  Other: \_\_\_\_\_

Name of Housing Authority: \_\_\_\_\_

Landlord or Housing Authority Contact & Phone #: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Who paid rent: \_\_\_\_\_

Were you listed on the lease?  Yes  No  Don't Know

Reason for leaving: \_\_\_\_\_

3. Type of housing:  Private  Subsidized      Dates of Residence: \_\_\_\_\_

Address: \_\_\_\_\_

If subsidized:  Section 8 Voucher  Other: \_\_\_\_\_

Name of Housing Authority: \_\_\_\_\_

Landlord or Housing Authority Contact & Phone #: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Who paid rent: \_\_\_\_\_

Were you listed on the lease?  Yes  No  Don't Know

Reason for leaving: \_\_\_\_\_

**G. Certification of Accuracy**

*I hereby certify that all information contained herein is true and accurate to the best of my knowledge and belief. I understand that I have two weeks from the date of intake to submit all of my paperwork, and if I fail to do so, my application may be put on hold and the application process will be stalled. I also understand that approval for assistance from HHLIC does not guarantee continuance of current housing.*

*Each of the undersigned specifically represents to Sunrise Special Services Foundation, Inc. ("SSSF") and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment; and (2) SSSF and its agents may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change at any time during the assistance period. Each of the undersigned hereby acknowledges that SSSF may verify or reverify any information contained in this application or obtain any information or data relating to the application, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency*

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Staff Signature Date



**H. Release of Information**

I(WE) \_\_\_\_\_ authorize  
(Print your name) (Print your name)

Sunrise Special Services to share the information I(WE) give them with the other agencies of the Continuum of Care (Listed in the Privacy Policy) in order to services and speed delivery of the assistance I(WE) need.

This release of information is good for three years from the date signed. This release does not allow the sharing of information that is protected by Federal, State or local laws or regulations. Information about medical status, medications, mental health status and substance abuse status will not be shared.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**I. For Official Use Only – Do not write below this line**

Date Rec'd: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_

Phone Contact: \_\_\_\_\_ Intake appointment: \_\_\_\_\_ Time \_\_\_\_\_

Referred to Intake Counselor: \_\_\_\_\_ Date \_\_\_\_\_

HHLC Eligibility:

Financial Assistance

- Rental and Utility Assistance/ Deposits
- Moving costs assistance
- Storage (up to 3 months)
- Hotel/motel vouchers (up to 30 days)

Housing Relocation & Stabilization Services

- Services to assist person at risk of homelessness to maintain housing
- Case Management
- Housing search and placement
- Legal Services
- Credit repair

Input into HMIS \_\_\_\_\_ Client HMIS #: \_\_\_\_\_

Referred to:  Shelter  HCA  Foreclosure Program  Other \_\_\_\_\_

Notes:

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