HCEC CUSTOMER ASSESSMENT FORM

It is **VERY IMPORTANT** that you answer **ALL QUESTIONS. Please** PRINT CLEARLY.

Date of Birth Gender: Female Male Transgender Current Address: City Zip Code Mailing Address (if different-PO Box): City Zip code Mailing Address (if different-PO Box): City Zip code Mailing Address (if different-PO Box): Sip code Mailing Address (if different-PO Box): Sip code Mailing Address (if different-PO Box): Mat is your preferred language? What other language is spoken in your home? Prease CIECK ALL that apply to you: Homeower Individual (Live Alone) Homeless Rental Housing/Property Owner Tenant (Landdord Name: Individual (Live Alone) Homeless Rental Housing/Property Owner Tenant (Landdord Name: Individual (Live Alone) Artisk of Homelessness - Joubied-up with friends/Tam Education Level: None Elementary High School Diploma/ GED Vocational School College Post Graduate Have you ever served on active duty in the military? Yes No Not sure If yes, which branch? Coast Guard Army Air Force Navy Marrines National Guard Other: Ethnicity: Hispanic Not Hispanic Army Air Force Navy Marrines National Guard Other: Ethnicity: Hispanic Not Hispanic Army Air Force Navy Marrines Native American Alaskan Native White Choose not to respond Other (please list): Housing or Shelter Search Unsanitary Conditions/Landlord Counseling/Mediation on Rights & Responsibilities Housing or Shelter Search Unsanitary Conditions/Landlord L.O.C. Mortgage Assistance(Counseling Small Claims/Consumer Counseling Who referred you or how did you hear about BCRHA services? Small Claims/Consumer Counseling Who referred you or how did you hear about BCRHA services? If you need to move, do you have a new apt? Yes No How much is the new monthly rent \$ Martin Ma	NamePh	one	Em	ail
Cutrent Address (If different-PO Box): City Zip code Mailing Address (If different-PO Box): What is your preferred language? What other language is spoken in your home? Please CHECK ALL that apply to you: Tenant (Landlord Name: Tenant (Landlord Name: Tenant (Landlord Name: Tenant (Landlord Name: Education Level: None Elementary High School Diploma/ GED Vocational School College Post Graduate Have you ever served on active duty in the military? Yes No Not sure If yes, which branch? Coas Guard Army Air Force Nay Marines National Guard Other: Ethnicity: Hispanie Nort Hispanie Race (check all that apply): American Indian/ Alaskan Asian Black/ African American Native American/ Alaskan Native White Cloose not to respond Other (please list): WHAT SERVICES ARE YOU SEEKING?: Tenant/Landlord Counseling/Mediation on Rights & Responsibilities Mortagee AssistanceCounseling Who referred you or how did you hear about BCRHA services? Are you homeless now? Yes No Where did you sleep last night? If homeless do you have any family or friends you could stay with on a temporary basis until you find an apartment? Yes No If Yes, who? If you need to move, do you have a new apt? Yes No How much is the new monthly rent \$ WHAT BRINGS YOU HERE TODAY? (please check all that apply) At Risk of Homelessness: (please check all that apply) I was denied emergency assistance (EA/shelter) I have a 14 - Day Notice to Quit Have a 14 - Day Notice to Quit Have a 30-day eviction notice My spartment is in poor condition and I must move out Have a Summary Process Complaint My spartment is in poor condition and I must move out Have a Court Agreement or Judgment I am going to be homeless in 30 days or less I am a which in your ren, how many months? How and to talk about how to get a subsidy Other: I pay more than 50% of my income to my housing cost I am a victim of domestic violence. How and to talk about how to get a subsidy Other: I pay more than 50% of my income to my housing cost I need help making my home acce	Do we have permission to leave a message at	this number? Yes	No	Email is Required!
Mailing Address (if different-PO Box): City Zip code What is your preferred language? What other language is spoken in your home? Please CHECK ALL that apply to you: Tennity Homeless Rental Housing/Property Owner Faminiy Homeowner Individual (Live Alone) At Risk of Homelessness - doubled-up with friends/fam Education Level: None Elementary High School Diploma/ GED Vocational School College Post Graduate Have you ever served on active duty in the military? Yes No Not sure If yes, which branch? Coast Guard Army Air Force Navy Marines National Guard Other: Ethnicity: Hispanic Not Hispanic Race (check all that apply): American Indian/ Alaskan Asian Black/ African American Native American/ Alaskan Native White Choose not to respond Other (please list): WHAT SERVICES ARE YOU SEEKING?: Housing or Shelter Search Financial Assistance Unsanitary Conditions/Landlord L.O.C. Morgage Assistance/Counseling Where did you sleep last night? If homeless do you have any family or friends you could stay with on a temporary basis until you find an apartment? Yes No If Yes, who? If you need to move, do you have a new apt? Yes No How much is the new monthly rent \$ WHAT BRINGS YOU HERE TODAY? (please check all that apply) At Risk of Homelessness: (please check all that apply) At Risk of Homelessness: (please check all that apply) At Risk of Homelessness: (please check all that apply) I was denied emergency assistance (EA/shelter) I owe \$ In rent and am being evicted Hyou are behind in your rent, how many months? I have a 30-day eviction notice My landlord is being forcelosed upon and lend to move out I have a Summary Process Complaint I am helind in my mortgage by mos. & owe \$ I have a 11- Day Notice to Quit I am a victim of domestic violence. I live on the street and I need help finding housing I am helind in my mortgage by mos. & owe \$ I am a victim of domest	Date of Birth	Gen	der: Female	Male Transgender
What is your preferred language? What other language is spoken in your home? Please CHECK ALL that apply to you: Family	Current Address:	City		Zip Code
Please CHECK ALL that apply to you: Family Homcowner Individual (Live Alone) Homeless Rental Housing/Property Owner Tenant (Landlord Name:) At Risk of Homelessness - doubled-up with friends/fam	Mailing Address (if different-PO Box):	(City	Zip code
Homeloss Rental Housing/Property Owner Tenant (Landlord Name: Mone Mo	What is your preferred language?	What other langua	age is spoken in y	our home?
Have you ever served on active duty in the military? YesNoNot sure If yes, which branch?Coast GuardArmyAir ForceNavyMarinesNational GuardOther:	☐ Family ☐ Homeowner ☐ Individual (Live Alone)			
If yes, which branch?	Education Level:NoneElementaryHigh School	Diploma/ GED	_Vocational School	olCollegePost Graduate
Race (check all that apply):American Indian/ AlaskanAsianBlack/ African AmericanNative American/ Alaskan NativeWhiteChoose not to respondOther (please list):				nal GuardOther:
Tenant/Landlord Counseling/Mediation on Rights & Responsibilities Housing or Shelter Search Financial Assistance Unsanitary Conditions/Landlord L.O.C. Mortgage Assistance/Counseling Small Claims/Consumer Counseling Who referred you or how did you hear about BCRHA services? Small Claims/Consumer Counseling If homeless now? YesNo Where did you sleep last night?	Race (check all that apply):American Indian/ Alaskan _			
Are you homeless now? YesNo Where did you sleep last night?	\square Tenant/Landlord Counseling/Mediation on Rights & R \square Financial Assistance	-	☐ Unsanitary (Conditions/Landlord L.O.C.
If homeless do you have any family or friends you could stay with on a temporary basis until you find an apartment?YesNo If Yes, who?	Who referred you or how did you hear about BCRHA ser	vices?		
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At Risk of Homelessness: (please check all that apply) I was denied emergency assistance (EA/shelter)				·
I was denied emergency assistance (EA/shelter) I have a 14 – Day Notice to Quit I have a 30-day eviction notice My landlord is being foreclosed upon and I need to move out I have a Summary Process Complaint I have a Summary Process Complaint I have a Court Agreement or Judgment I am going to be homeless in 30 days or less I am going to be homeless in 30 days or less I need help finding a permanent place to live I stay in a shelter at night I the on the street and I need help finding housing I want to talk about how to get a subsidy Other: I pay more than 50% of my income to my housing cost: I am behind in my utility bills and have shut off notices I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done Do you have a housing subsidy or live in public housing?	·	11 07		
I need help finding a permanent place to live I stay in a shelter at night I live on the street and I need help finding housing I want to talk about how to get a subsidy Other: I pay more than 50% of my income to my housing cost: I would like to learn more about buying a house I am behind in my utility bills and have shut off notices I need help dealing with my landlord to get repairs done I need help making my home accessible for disabled person I need help dealing with my landlord to get repairs done I need help making my home accessible for disabled person I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done Do you have a housing subsidy or live in public housing?	I was denied emergency assistance (EA/shelter) I have a 14 – Day Notice to Quit I have a 30-day eviction notice I have a Summary Process Complaint I have a Court Agreement or Judgment	I owe \$ If you a My landle My aparti I am behi	are behind in your reactors is being foreclosment is in poor conduction in my mortgage	osed upon and I need to move out ndition and I must move out e by mos. & owe \$
I stay in a shelter at night	Housing Search:	Domestic Viole	ence:	
I pay more than 50% of my income to my housing cost: I would like to learn more about buying a house I am behind in my utility bills and have shut off notices I need help dealing with my landlord – property management issues I need help making my home accessible for disabled person I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done I need help dealing with my landlord to get repairs done Do you have a housing subsidy or live in public housing?	I stay in a shelter at night I live on the street and I need help finding housing I want to talk about how to get a subsidy	How long Are you a	g ago?	
I would like to learn more about buying a house				
	I would like to learn more about buying a house I am behind in my utility bills and have shut off notices How much do you owe for utilities? \$	I have issue I need help I need help Do you have	s with my landlord making my home a dealing with my la e a housing subsid	d – property management issues accessible for disabled person andlord to get repairs done y or live in public housing?

Fair Housing:	
I feel that I have been discriminated against for housing	I have been denied housing
Source of Income (check all that apply): WagesTAFDC / EAEDC (DTA)SNAP (food stamps)/ WICChild SupportCHIPRetirement/ PensionRefugee StipendNo incomeFuel AssistanceOther (please list):	Veterans BenefitsMedicare/Medicaid
GROSS (before taxes) Monthly Income: \$ (include all househo	ld members' income); Food Stamp/SNAP \$
Monthly Rent/Mortgage Expenses: \$(do not include phone/ca	able); Monthly gas/oil/electric: \$
Have you been employed in the past 5 years? Yes No If yes, where? List total of any checking or savings accounts, stocks, etc.)\$	
Number of Adults in your household: Number of Children : No you have at least one child under age 21 living with you? Yes No you have at least one child under age 21 living with you?	-
<u>Is anyone disabled in your household?</u> Yes No	
If you are seeking financial assistance, are you expecting an increase or de	crease in income or expenses? Yes No
Please explain why you	are here
	_
	<u> </u>
	_
The Violence Against Women Reauthorization Act of 2005 (VAWA): The Violence Against of assistance to admission to an otherwise qualified participant on the basis that iolence, dating violence or stalking. Specifically, Section 606 (1) of VAWA adds the for 937, which lists contract provisions and requirements for the Section 8 Housing Choich that the application or participant has been a victim of domestic violence, dating violence, or substitute or for denial of admission, if the applicant otherwise qualifies for assistance or admission.	t the participant is or has been a victim of domestic bllowing provisions to Section 8 of the <i>U.S. Housing Act of</i> ce Voucher Program: talking is not an appropriate reason for denial of program
****IMPORTANTPLEAS	SE SIGN!!!
Ill information presented above, including income of all household members, is y signing below I am giving permission to Berkshire Housing, BCRHA, Service hare this Assessment, and other provided information, in order to coordinate the understand that this permission is given pursuant to Section 2 of Chapter 66A of Mact. This consent automatically expires one year from date signed or when services a	true to the best of my knowledge. I understand that Net, Soldier On and all C.O.C. Partnering Agencies to most effective and efficient services to my househol assachusetts General Law, the Fair Information Practice
SIGN HERE:	
Signature	 Today's Date



BERKSHIRE HOUSING DEVELOPMENT CORP.

1 FENN STREET, 3rd FLR, PO BOX 1180 - PITTSFIELD, MA 01202-1180

(413) 499-1630 x133 FAX (413) 496-9831

FINANCIAL ASSISTANCE QUESTIONNAIRE

THIS FORM IS SHREDDED AFTER SCREENED FOR CONFIDENTIALITY

Name:	Date:
	DOB:
1.	What is the TOTAL household Income?
2.	Are you currently pregnant? How many months?
3.	Do you have a high school diploma or GED?
4.	Are you currently employed?
5.	Are you or any household member on any public assistance? Please check all that apply.
	Food Stamps Cash Assistance Mass Health WIC Free School Lunch LIHEAP
6.	Do you have an active or historical DCF case for any of your children?
7.	Are any of you children currently in foster care?
8.	Have you ever stayed in a homeless shelter or domestic violence shelter as an adult?
9.	In the past six months, did you return or were you released from: (Please check all that apply)
	Prison/Jail Substance Abuse Facility Mental Health Facility
	Neither Released or Returned
10.	How old are all of the children in your household? How old are you?
11.	How many times have you moved in the last 12 months?
12.	Do you have a current lease or signed contract with the owners of where you live now that says how much your rent is and for how long you can stay?

Employment Search Questions

Berkshire Works will assist individuals to increase their income through employment and will help those who are ready, willing and able to work.

1.	Are you currently seeking employment and having a difficult time finding a job? Yes No
2.	Are you employed, but not making enough money to pay your monthly rent? Yes No
3.	Would you like to improve your job search and interview skills? Yes No
4.	Do you need assistance with you resume? YesNo
5.	Do you need assistance with daycare, transportation, additional education? Yes No Or another matter:
6.	Is lack of child care a barrier to obtaining employment? Yes No



Berkshire County Regional Housing Authority

Housing Counseling \sim Mediation \sim Consumer \sim Education Center

1 Fenn Street, 4th Flr.

PITTSFIELD, MASSACHUSETTS, 01201

413-443-7138 Fax: 413-443-8137 Website: www.bcrha.com

SERVICES DISCLOSURE STATEMENT & CONSENT OF RELEASE OF INFORMATION

The Berkshire County Regional Housing Authority provides the following housing counseling services: Mortgage Delinquency, Default counseling, Homelessness Prevention and Resolution Services, Rental and Fair Housing counseling. In addition to providing mortgage default counseling and rental counseling services for homeowners and renters. The Berkshire County Regional Housing Authority offers the following services and programs: Tenancy Preservation Program, Representative Payee Program, Consumer Counseling Program, and Home Options for Massachusetts Elders.

Housing Counseling clients are not obligated to use any other product or services offered by this agency, its affiliates or partners. The Berkshire County Regional Housing Authority will provide information on alternative services, programs and products. Clients should consider a variety of resources and options and upon evaluation select resources that best meet their needs.

Financial support for the Housing Counseling Program is provided by the following organizations: Congressional funds through the National Foreclosure Mitigation Counseling, Massachusetts Bar Foundation, HUD Housing Counseling, Massachusetts Office of Public Collaboration, Housing & Consumer Education Centers.

I/We understand that it is my/our right and responsibility to decide whether to engage in any course of housing counseling with the Berkshire County Regional Housing Authority and to determine whether counseling is suitable for my/our housing problem.

I/We understand that the BCRHA provides information on a broad range of housing programs and products and that the housing counseling I receive from BCRHA in no way obligates me to choose any particular loan product or housing program discussed in my counseling sessions. I/We understand that BCRHA does not guarantee that I/We will receive mortgage financing form any lender and/or other mortgage financing entity.

I/We may be referred to other housing services of the organization or to another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified.

I/We understand that a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I/We understand that information and data regarding your Housing Counseling case may also be shared with the funders of the program you are participating in with the Berkshire County Regional Housing Authority. The specific funding agencies are HUD and/or Citizens' Housing and Planning Association (CHAPA). Said information sharing may include allowing access by HUD and/or CHAPA to your file for the purpose of oversight of the grant that funds the program you are participating in.

Client Signature	Date	
Counselor Signature	 	

Providing dispute resolution programming; comprehensive housing counseling, including legal and educational counseling services, loss mitigation/anti-foreclosure counseling, homelessness prevention/tenancy preservation services and homelessness resolution and housing search assistance; and anti-poverty resources TO ALL BERKSHIRE COUNTY RESIDENTS.



Commonwealth of Massachusetts DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

Charles D. Baker, Governor ◆ Karyn E. Polito, Lt. Governor ◆ Chrystal Kornegay, Undersecretary

Ι,		, understand that, in order to apply for or Community Development (DHCD) Residential
Assistance for Families in Tr must authorize the release of	ansition (RAFT) Program, ever my, and my minor children's,	Community Development (DHCD) Residential by member of my family over the age of 18, and I personal information to DHCD, and by DHCD to nation to personal eligibility for the RAFT program.
I authorize DHCD, to efficient operation and mana and my minor family memb and to discuss or correspon	gement of the RAFT program, pers (in any medium) from and regarding such information	OHCD and regulations applicable to DHCD, or for the to request, obtain, and retain information about me my agency, organization, employer, or individual, in in any medium. Further, I authorize any and all lease any information regarding me and my minor
I authorize DHCD, to management of the RAFT p information for official go	the extent required by law rogram, or to the extent req vernment use, to provide any	and my Family to Others and regulations, for the efficient operation and quested by other government agencies, to obtain information about myself and my minor family HCD programs to DHCD contractors and other
available through my invol		out me and my minor family members made n to academic researchers, regardless of whether anting institution.
confidential in accordance Massachusetts General Laws General Laws Chapter 93H. I is held about me and my far to object to the collection, m	with applicable law, includ s Chapter 66A; and the Massa I understand that, under FIPA, nily, including my right to ha aintenance, dissemination, use	ormation provided or received through this release ing the Fair Information Practices Act (FIPA), achusetts Data Privacy Act (DPA), Massachusetts I have rights concerning certain personal data that we certain personal data made available to me and e, accuracy, completeness, timeliness, or relevance and my minor family members.
		form, that I have received a copy of this form for digital copy of this authorization is as valid as the
Applicant/Recipient Signature	Las	t 4 Digits of Social Security Number
Address:	City/Town:	Zip:



Additional Adult Family Member Printed Name	Additional Adult Family Member Signature	SS# last 4	Date
Additional Adult Family Member Printed Name	Additional Adult Family Member Signature	SS# last 4	Date
Additional Adult Family Member Printed Name	Additional Adult Family Member Signature	SS# last 4	Date
Additional Adult Family Member Printed Name	Additional Adult Family Member Signature	SS# last 4	Date
I acknowledge that I explain	ed the above document to the app	licant/recipient, and v	vitnessed his or her signature.
WITNESS: RAFT Administeri	ng Agency Staff Signature		 Date
RAFT Administering Agency S	Stoff Nama		
	Stair Name		