

HCEC CUSTOMER ASSESSMENT FORM

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

Name _____ Phone _____ Email _____
Do we have permission to leave a message at this number? Yes ___ No ___

Date of Birth _____ Gender: Female ___ Male ___ Transgender ___

Current Address: _____ City _____ Zip Code _____

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:

- Family Homeowner Individual (Live Alone) Homeless Rental Housing/Property Owner
 Tenant (Landlord Name: _____) At Risk of Homelessness - doubled-up with friends/family

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 SEEKING:

- 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? _____

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)

- | | |
|---|--|
| <input type="checkbox"/> I was denied emergency assistance (EA/shelter) | <input type="checkbox"/> I owe \$ _____ in rent and am being evicted |
| <input type="checkbox"/> I have a 14 – Day Notice to Quit | <i>If you are behind in your rent, how many months? _____</i> |
| <input type="checkbox"/> I have a 30-day eviction notice | <input type="checkbox"/> My landlord is being foreclosed upon and I need to move out |
| <input type="checkbox"/> I have a Summary Process Complaint | <input type="checkbox"/> My apartment is in poor condition and I must move out |
| <input type="checkbox"/> I have a Court Agreement or Judgment | <input type="checkbox"/> I am behind in my mortgage by ___ mos. & owe \$ _____ |
| <input type="checkbox"/> I am going to be homeless in 30 days or less | <input type="checkbox"/> I am doubled-up and have to move out |

Housing Search:

- 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

Domestic Violence:

- I am a victim of domestic violence.
How long ago? _____
Are you a Massachusetts resident? Yes ___ No ___

Other:

- | | |
|--|---|
| <input type="checkbox"/> I pay more than 50% of my income to my housing cost | <input type="checkbox"/> I need help dealing with my landlord to get repairs done |
| <input type="checkbox"/> I would like to learn more about buying a house | <input type="checkbox"/> I have issues with my landlord – property management issues |
| <input type="checkbox"/> I am behind in my utility bills and have shut off notices | <input type="checkbox"/> I need help making my home accessible for disabled person |
| <i>How much do you owe for utilities? \$ _____</i> | <input type="checkbox"/> I need help dealing with my landlord to get repairs done _____ |
| <input type="checkbox"/> I am out of heating fuel | <input type="checkbox"/> Do you have a housing subsidy or live in public housing? |
| <input type="checkbox"/> I applied for fuel assistance Yes ___ No ___ | <i>(such as Section 8, MRVP) and from which agency? _____</i> |
| <i>If yes, When? _____</i> | |

TURN OVER 



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: _____
SS# _____ 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 your 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? Yes___ No___

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 ~ Mediation ~ Consumer ~ 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 from 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.

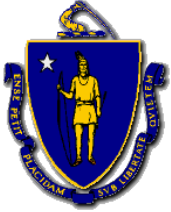
Client Signature

Date

Counselor Signature

Date

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

Voluntary Authorization to Release Information

I, _____, understand that, in order to apply for or obtain assistance from the Department of Housing and Community Development (DHCD) Residential Assistance for Families in Transition (RAFT) Program, every member of my family over the age of 18, and I must authorize the release of my, and my minor children's, personal information to DHCD, and by DHCD to other agencies, in order to verify my family's initial and continuing eligibility for the RAFT program.

Permission for Others to Give Information to DHCD

I authorize DHCD, to the extent required by law and regulations applicable to DHCD, or for the efficient operation and management of the RAFT program, to request, obtain, and retain information about me and my minor family members (in any medium) from any agency, organization, employer, or individual, and to discuss or correspond regarding such information in any medium. Further, I authorize any and all agencies, organizations, employers, or individuals to release any information regarding me and my minor family members to DHCD.

Permission for DHCD to Give Information about Me and my Family to Others

I authorize DHCD, to the extent required by law and regulations, for the efficient operation and management of the RAFT program, or to the extent requested by other government agencies, to obtain information for official government use, to provide any information about myself and my minor family members made available through my involvement in DHCD programs to DHCD contractors and other government agencies.

I authorize DHCD to provide any information about me and my minor family members made available through my involvement in the RAFT program to academic researchers, regardless of whether such research is conducted in conjunction with a degree-granting institution.

Applicable Law

I understand that DHCD will keep any personal information provided or received through this release confidential in accordance with applicable law, including the Fair Information Practices Act (FIPA), Massachusetts General Laws Chapter 66A; and the Massachusetts Data Privacy Act (DPA), Massachusetts General Laws Chapter 93H. I understand that, under FIPA, I have rights concerning certain personal data that is held about me and my family, including my right to have certain personal data made available to me and to object to the collection, maintenance, dissemination, use, accuracy, completeness, timeliness, or relevance of the personal data or type of information held about me and my minor family members.

I acknowledge that I have read and understand this form, that I have received a copy of this form for future reference, and that I understand that a photocopy or digital copy of this authorization is as valid as the original.

Applicant/Recipient Signature

Last 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 explained the above document to the applicant/recipient, and witnessed his or her signature.

WITNESS: RAFT Administering Agency Staff Signature

Date

RAFT Administering Agency Staff Name

RAFT Administering Agency: _____ Telephone #: _____

Email: _____