

## COMMUNITY HOUSING GUIDE TENANT SCREENING

**Instructions:** Please complete this Tenant Screening in as much detail as possible. The information from the Tenant Screening will be used to develop a Housing Road Map with the individual and the person-centered planning team. If a question does not apply to the individual, write "N/A." Do not leave blanks.

### A. INDIVIDUAL'S CONTACT INFORMATION

NAME (First, Middle, Last Name)	DATE OF BIRTH (MM/DD/YYYY)	TELEPHONE NUMBER (###-###-####)	
CURRENT PHYSICAL ADDRESS (Street Address)		CITY	STATE
MAILING ADDRESS if different (Street Address)		CITY	STATE
		ZIP CODE	

### B. LEGAL GUARDIAN'S OR SUBSTITUTE DECISION MAKER'S CONTACT INFORMATION

NAME (First and Last Name)	TELEPHONE NUMBER (###-###-####)	EMAIL ADDRESS	
MAILING ADDRESS (Street Address)		CITY	STATE
ZIP CODE			
RELATIONSHIP (guardian, conservator, power of attorney, authorized representative, etc.)			

### C. EMERGENCY CONTACT'S INFORMATION (if same as legal guardian or substitute decision maker, write "same as above" in NAME)

NAME (First and Last Name)	TELEPHONE NUMBER (###-###-####)	EMAIL ADDRESS	
MAILING ADDRESS (Street Address)		CITY	STATE
ZIP CODE			
RELATIONSHIP (guardian, conservator, power of attorney, authorized representative, parent, grandparent, sibling, friend, etc.)			

### D. COMMUNITY HOUSING GUIDE CONTACT INFORMATION

NAME (First, Last Name)	REFERRAL DATE	DEVELOPMENTAL SERVICES REGION	
AGENCY NAME/COMMUNITY SERVICES BOARD (if you contract with a CSB to provide support coordination, list your organization's Name and the name of the CSB that you contract with to provide case management services)		TITLE	
MAILING ADDRESS (Street or P.O. Box)		CITY	STATE
ZIP CODE			
TELEPHONE NUMBER (###-###-####)	FAX NUMBER (###-###-####)	EMAIL ADDRESS	

**E. HOUSING PREFERENCES**

E.1 Describe the place you want to live in a few sentences. What does it look like?

E.2 Name three communities or neighborhoods where you would like to live.

Community/Neighborhood Name	City or County in which the community/neighborhood is located
1)	
2)	
3)	

E.3 What type of housing do you prefer?

low-rise apartment building (1-4 floors)       single family detached home  
 mid-rise apartment building (5-10 floors)       single family attached home  
 high-rise apartment building (over 10 floors)       Other: \_\_\_\_\_

E.4 What housing features are important to and for you?

*Place an "X" by the housing features that are important to you or important for you. "Important To" means the individual prefers this feature. "Important For" means the feature is critical to your health and safety. Note: "Near" means within walking distance or no more than a 30 minute ride on public transportation.*

	IMPORTANT TO	IMPORTANT FOR
Walking distance to public transportation		
Walking distance to accessible public transportation		
Walking distance to shopping and banking		
Near doctor/health care providers		
Near employment		
Near supportive services		
Near family and friends		
Familiar neighborhood		
Well-lit sidewalks		
Parking on site		
Secured building entrance		
Property management on site		
Space or storage for medical/adaptive equipment		
Room for a live-in caregiver		
Housing where pets are allowed		
Housing where pets are prohibited		
Housing where smoking is allowed		
Housing where smoking is prohibited		
Private bathroom		
Electric appliances		
Washer/dryer in the apartment		
Washer/dryer in the building		
Ground floor unit		
No-step entry to building and unit		
Accessible unit		
Other:		

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Individual's Name: \_\_\_\_\_

### E.5. With whom do you want to live?

List all persons who will reside with you **and** be on your lease. Include birth dates, relationship, and student status. List each person's gross monthly income. Indicate whether each agrees to make his/her income and resources available to the household (exclude live-in aides).

First and Last Name	Date of Birth	Relationship (self, spouse, sibling, child, unrelated friend, live-in aide)	Full-Time Student? (Yes or No)	Gross Monthly Income (include wages, benefits, pensions, etc.)	Agrees to Make Income/Resources Available to Household? (Yes or No)
		<b>Individual/Self</b>			

## F. HOUSING STRENGTHS

F.1 What activities around the house can you do independently or with minimal support?

F.2 What technology do you use that will help you live more independently?

F.3 Who can help you make the move to your own home? What tasks can they do? (e.g., "My parents can help me look for apartments" or "My brother can help me pack and move my belongings to my new place")

F.4 What resources can you or your family provide to support your move to your own home? (e.g., "I have a Special Needs Trust or ABLE Account that can pay for my security deposit" or "My aunt is giving me a bed and dining set")

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Individual's Name: \_\_\_\_\_

## G. PREPARING FOR INDEPENDENT LIVING

### G.1 What will my income and expenses be when I live in my own place?

Use this independent living budget to calculate what your income and expenses will be when you rent your own rental housing. Under Income, remember to account for changes in monthly benefits that may occur if you move from your family's home to your own home. Under Fixed Expenses, if you have applied for a rent subsidy, estimate the subsidized amount you will pay toward rent and utilities (e.g., approximately 30-40% of monthly income toward rent and utilities, NOT including phone, internet and cable). If you are not applying for a rent subsidy, estimate the full cost of rent and utilities for the unit size needed. Under Flexible Expenses, be realistic about your wants and needs. Divide up expenses to be shared among housemates, and include only your share in this budget. If certain expenses will be fully paid by another source (e.g., a Special Needs Trust, ABLE Account, family, etc.), provide the name of the source in the "Alternative Source" column and do not list an amount in the "Cost" column.

Monthly Income		Monthly Flexible Expenses	Cost	Alternative Source
Earned Income	\$	Savings	\$	
SSI	\$	Groceries	\$	
SSDI	\$	Eating Out	\$	
SSA	\$	Entertainment/Hobbies	\$	
Pension	\$	Laundry	\$	
Other	\$	Cleaning/Household Supplies	\$	
Other	\$	Clothes/Personal Care Supplies	\$	
<b>TOTAL INCOME [A]</b>	\$	Gasoline/Bus/Taxi	\$	
		Newspaper/Magazines	\$	
Monthly Fixed Expenses	Cost	Alternative Source		
Rent*	\$	Tuition/Books	\$	
Electric	\$	Barber/Beautician	\$	
Gas/Oil	\$	Auto Maintenance	\$	
Water/Sewer	\$	Doctor/Dentist	\$	
Home Phone	\$	Pets	\$	
Cell Phone	\$	Parking	\$	
Internet Service	\$	Repairs	\$	
Trash Pickup	\$	<b>TOTAL FLEXIBLE [D]</b>	\$	
Cable	\$			
Medical Insurance	\$	<b>FIXED [B]</b>	\$	
Auto Insurance	\$	<b>DEBT [C]</b>	\$	
Life Insurance	\$	<b>FLEXIBLE [D]</b>	\$	
Renters Insurance	\$	<b>TOTAL EXPENSES [E]</b>	\$	
Child Support/Alimony	\$			
Child Care	\$	Subtract Expenses from Income (A-E)		
Other	\$	<b>TOTAL INCOME [A]</b>	\$	
<b>TOTAL FIXED [B]</b>	\$	<b>TOTAL EXPENSES [E]</b>	\$	
		<b>DIFFERENCE + OR -</b>	\$	
Monthly Debt Payments	Cost	Alternative Source	Notes	
Installment Loans	\$			
Automobile Loan	\$			
Credit Card Payments	\$			
<b>TOTAL DEBT [C]</b>	\$			

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Individual's Name: \_\_\_\_\_

G.2 What furniture and household supplies do I have and what will I need in my new place?

<i>Put an "X" by the items you have or you can get at no cost (and write a note about where you can get them). Put a dollar estimate under each item you need.</i>			
ITEM	I HAVE THIS (place an "X" next to the items you have)	I NEED THIS (insert estimated cost for each item you need)	I CAN GET THIS FROM... (write in where you will get the item, e.g., parents, friend, recycling club, etc.)
<b>Furniture</b>			
Bed		\$	
Mattress and box spring		\$	
Nightstand		\$	
Chest of drawers		\$	
Couch		\$	
Chairs		\$	
Coffee table		\$	
Bookshelves		\$	
Entertainment center		\$	
Television		\$	
Dining table and chairs		\$	
Lamps		\$	
<b>TOTAL COST OF FURNITURE I NEED</b>		\$	
ITEM	I HAVE THIS	I NEED THIS	I CAN GET THIS FROM...
<b>Household Supplies</b>			
Sheet sets (2-3 sets)		\$	
Comforter or blanket		\$	
Pillows		\$	
Pillowcases		\$	
Mattress Pad		\$	
Mattress Protector		\$	
Curtains		\$	
Curtain Rods		\$	
Area Rug		\$	
Alarm Clock		\$	
Mirror		\$	
Fan		\$	
Other:		\$	
<b>Kitchen Supplies</b>			
Coffeemaker		\$	
Microwave		\$	
Toaster/toaster oven		\$	
Can opener		\$	
Cookware (2 covered saucepans, fry pan)		\$	

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Individual's Name: \_\_\_\_\_

ITEM	I HAVE THIS	I NEED THIS	I CAN GET THIS FROM...
<b>Kitchen Supplies (continued)</b>			
Chef's knife		\$	
Paring knife		\$	
Cookie sheet		\$	
Pyrex/Corning set		\$	
Cutting Board		\$	
Food storage container set		\$	
Canister set		\$	
Measuring cups		\$	
Measuring spoons		\$	
Bottle opener		\$	
Spatula		\$	
Ladle		\$	
Paper towel holder		\$	
Dish towels		\$	
Pot holders		\$	
Dish drainer		\$	
Large mixing bowl		\$	
4 sets of plates, bowls, mugs		\$	
4 sets of forks, knives, spoons		\$	
Salt and pepper set		\$	
Tea kettle		\$	
Coffee mugs		\$	
Basic condiments (oil, vinegar, ketchup, mustard, mayo)		\$	
Basic seasonings (salt, pepper, garlic powder, etc.)		\$	
<b>Bathroom Supplies</b>			
Towels (2-3 sets)		\$	
Tub mat		\$	
Rugs/bath mat		\$	
Shower curtain		\$	
Shower curtain rings		\$	
Shower curtain liner		\$	
Shower caddy		\$	
Hair dryer		\$	
Toothbrush		\$	
Toothbrush holder		\$	
Soap dish		\$	
Tumbler		\$	
Wastebasket		\$	
Bath scale		\$	

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Individual's Name: \_\_\_\_\_

ITEM	I HAVE THIS	I NEED THIS	I CAN GET THIS FROM...
<b>Kitchen Supplies (continued)</b>			
Toilet brush		\$	
Hamper		\$	
Plunger		\$	
Toilet paper		\$	
Tissues		\$	
<b>Housecleaning Supplies</b>			
Vacuum		\$	
Mop/Bucket		\$	
Garbage can/bags		\$	
Iron		\$	
Ironing board		\$	
Laundry basket		\$	
Step stool		\$	
Broom/dust pan		\$	
Laundry soap/fabric softener		\$	
Kitchen/bathroom cleaning solution, glass cleaning solution		\$	
<b>Organizing Supplies</b>			
Hangers		\$	
Surge Protectors		\$	
Extension Cords		\$	
Flashlight		\$	
First Aid Kit		\$	
Batteries		\$	
Storage boxes		\$	
Hooks		\$	
Light bulbs		\$	
Bulletin board		\$	
Lamps		\$	
Picture Frames		\$	
<b>TOTAL COST OF HOUSEHOLD SUPPLIES I NEED</b>		\$	

G.2 What resources can I use to pay for the costs of moving to a new place?

<i>Use this Moving Budget to identify the resources you have to support your move and the costs to make your move.</i>	
<b>RESOURCES</b>	
Special Needs Trust	\$
ABLE Account	\$
Security Deposit Reimbursement (if renting now)	\$
Monetary Gifts from friends, family	\$
Savings	\$
Other	\$
<b>Total Moving Resources (1)</b>	\$

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Individual's Name: \_\_\_\_\_

MOVING EXPENSES	Cost
<b>Old House</b>	
Repairs And Maintenance	\$
Cleaning	\$
Final Power Bill	\$
Final Phone Bill	\$
Final Water/Sewer Bill	\$
Final Internet Bill	\$
Final Gas Bill	\$
Final Cable Bill	\$
Boxes	\$
Moving Van Rental	\$
Gasoline	\$
Moving Company Quote	\$
Temporary Accommodation (e.g., hotel)	\$
Storage Unit	\$
Transit (Moving) Insurance	\$
Tape/Bubble Wrap/Markers	\$
Other (describe): _____	\$
<b>Total Moving Expenses from Old House (2)</b>	\$
<b>New House</b>	Cost
Application Fee	\$
Holding Fee	\$
Security Deposit	\$
First Month's Rent	\$
Amenity Fee (e.g., pool pass)	\$
Parking Fee	\$
Pet Deposit	\$
Phone Deposit	\$
Electric Deposit	\$
Electric Connection Fee	\$
Water Deposit	\$
Water Connection Fee	\$
Internet Deposit	\$
Cable Connection Fee	\$
Gas Deposit	\$
Gas Connection Fee	\$
Accessibility Modifications	\$
New Furniture (see total on page 4)	\$
New Household Supplies (see total on page 6)	\$
Other (describe): _____	\$
<b>Total Moving Expenses to New House (3)</b>	\$
<b>Total Moving Resources (1)</b>	\$
<b>Total Expenses For Moving (2+3)</b>	\$
<b>Surplus / Deficit</b>	\$

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Individual's Name: \_\_\_\_\_

G.3: What supports and services do you need to live in your own home? Who will provide these supports?

*Make a calendar of supports you need on weekdays and weekends from when you wake up to when you go to sleep. List each activity you need help to do, the kind of help you need, who helps you now, and who will help you when you live in your own home.*

## WEEKDAYS

## WEEKENDS

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Individual's Name: \_\_\_\_\_

## H. HOUSING BARRIERS

H.1 Which housing eligibility documents do you have? Which documents do you need? Place an "X" in the appropriate column.

HAVE	NEED
	Social Security card
	Government issued photo ID (e.g., passport, state issued ID, military ID)
	Birth certificate or proof of citizenship/permanent legal residency in the U.S.
	Proof of income letter from Social Security
	Current bank statement(s)
	Other income and asset documentation

H.2. Have you ever had trouble with any of the following issues in housing? Place an "X" in the appropriate column.

YES	NO
	paying rent on time?
	keeping up with utility bills?
	visitors/guest problems?
	landlord/neighbor relationships?
	clutter/home maintenance?
	being evicted?

H.3 If you have been evicted from housing, list the dates and reasons (e.g., nonpayment of rent, damage to unit, unauthorized occupants, etc.). If you do not have an eviction history, write "n/a."

Date	Reason

H.4 Do you currently owe money to any of the following companies? Place an "X" in the appropriate column.

YES	NO
	a previous landlord (e.g., for unpaid rent, fees or damages)?
	a public housing agency (e.g., for rent or other amounts)?
	a utility company (e.g., for unpaid utility bills or fees)?

H.5 Describe any arrests, charges or convictions you have had, including when they occurred and what they were for.

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Individual's Name: \_\_\_\_\_

H.6 Do you owe anyone money? Go to [www.annualcreditreport.com](http://www.annualcreditreport.com) and pull your credit report. Indicate whether the credit report shows any outstanding debts or collections for the following expenses.

Type of Expense	Name of Company Owed	Amount Due	In Collections? (Yes/No)
Housing			
Utilities			
Telephone			
Child Support			
Car			
Credit Card			
Medical			
Other:			

H.7 Have you ever filed for bankruptcy?  YES  NO If yes, date: \_\_\_\_\_

## I. HOUSING HISTORY

I.1. Describe your current living situation in terms of the type of residence, rent, subsidy and leasing arrangements.

Type of Residence (e.g., training center; ICF/DD; group home; family home; commercial rental property; public housing; or unit owned by service provider, private owner, relative, etc.)			
Property Name		Owner/Landlord Name	
		Owner/Landlord Phone	
Does the individual have a lease in his/her name? (Yes/No)		If YES, what date does the lease end?	
If there is no lease, has individual been given a date he/she must leave this housing? (Yes/No)		If YES, what date must individual leave this housing?	
		Why must individual leave this housing?	
Is the individual charged rent for this living situation? (Yes/No)		If YES, how much is the rent? (e.g., \$X/month)	
		Who charges the individual rent? (e.g., landlord, family, service provider)	
Is the housing subsidized? (Yes/No)		If subsidized, is subsidy tenant- or project-based?	
Does a representative payee manage the individual's rent? (Yes/No)		OK to serve as rent reference? (Yes/No)	

I.2 For each setting in which you previously lived, list the dates of residence. Describe what worked/didn't work about each setting.

Type of Residential Setting	Dates of Residence	What about this Setting Worked for You?	What About This Setting Didn't Work for You?
State Training Center			
Skilled Nursing Facility			
State Psychiatric Hospital			
Residential Substance Abuse Treatment Program			
Private Intermediate Care Facility (ICF/DD)			
Assisted Living Facility			
Group Home for adults with DD			

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Individual's Name: \_\_\_\_\_

Type of Residential Setting	Dates of Residence	What about this Setting Worked for You?	What About This Setting Didn't Work for You?
Group Home for adults with Mental Illness			
Family Home (e.g., with parent, guardian, sibling)			
Emergency Shelter for Homeless			
Transitional Housing for Homeless			
Permanent Supportive Housing for Homeless			
Jail, prison or juvenile detention facility			
Residential school			
Hotel or motel			
Foster Care Home or Foster Care			
Street/Place Not Meant for Human Habitation			
Other (describe):			

I.3 Provide a summary of your experience living in rental housing. If you have not lived in rental housing, put "N/A" in the first box and skip to Section I.4.

*List the most recent rental housing arrangement first and work backwards. Do not include your current living situation or the residential settings in the "Residential Experiences" section above (e.g., family home, group home, etc.). Note: in "subsidized" housing, your rent payment is based on a percentage of your income. A "tenant-based" subsidy is a subsidy you can take to any landlord who will accept it. A "project-based" subsidy is attached to and remains with a specific unit at a property.*

a.

Property Name		Owner/Landlord Name	
		Owner/Landlord Phone	
Dates of Residence		City/State of Residence	
Type of Residence (check one)	<input type="radio"/> Commercial apartment rental <input type="radio"/> Privately owned housing unit <input type="radio"/> Public housing <input type="radio"/> Housing unit owned/leased by service provider <input type="radio"/> Unit owned by a relative <input type="radio"/> Other _____	OK to serve as rent reference? (Yes/No)	
Was the individual charged rent? (Yes/No)		How much was the rent? (e.g., \$X/month)	
Did the individual have a lease? (Yes/No/Don't Know)		Reason for Leaving	
Was housing subsidized? (Yes/No)		If subsidized, was subsidy tenant- or project-based?	

# Community Housing Guide Tenant Screening

Individual's Name: \_\_\_\_\_

b.			
Property Name		Owner/Landlord Name	
		Owner/Landlord Phone	
Dates of Residence		City/State of Residence	
Type of Residence (check one)	<input type="radio"/> Commercial apartment rental <input type="radio"/> Privately owned housing unit <input type="radio"/> Public housing <input type="radio"/> Housing unit owned/leased by service provider <input type="radio"/> Unit owned by a relative <input type="radio"/> Other _____	OK to serve as rent reference? (Yes/No)	
Was the individual charged rent? (Yes/No)		How much was the rent? (e.g., \$X/month)	
Did the individual have a lease? (Yes/No/Don't Know)		Reason for Leaving	
Was housing subsidized? (Yes/No)		If subsidized, was subsidy tenant- or project-based?	

I.4: Where do you work? If you are not currently employed, put "No" in the box for question A. Leave the remaining boxes blank and skip to question B. If you are not currently in supported employment, vocational training or vocational rehabilitation, put "No" in the box for question B. Leave the remaining boxes blank and go to Section J.

<i>Employers provide verification of income for rental applications and can serve as positive rental references. Consider asking if you can list your employer as a reference on rental applications or if your employer would write a reference letter. Participation in supported employment and vocational training may impact eligibility and/or amount of assistance received in certain rental assistance and affordable housing programs.</i>			
<b>A. Are You Currently Employed?</b> (Yes/No)		Hours Per Week	
Name of Employer		Type of Work (full time, part time, temporary, seasonal)	
Street Address		City	
State		Zip Code	
Supervisor Name		Phone Number	
OK to contact for rent reference? (Yes/No)		Email	
<b>B. Are You Currently in Supported Employment, Vocational Training or Vocational Rehabilitation (e.g., DARS)?</b> (Yes/No)		Hours Per Week	
Name of Program		Program Contact Person	
Program Phone Number		Email	

**J. HOUSING NEEDS**

J.1 My housing must be located close to (describe what you want to live near, such as your job, school, family, shopping, services, hospital, etc.):

J.2 My housing must be located away from (describe what you do not want to live near, such as major intersections with high speed traffic, people who have been a negative influence in the past, areas with lots of street noise, etc.)

J.3 What safety and security features in housing are important for you (e.g., electric instead of gas appliances, secure building entry system)?

J.4 What accessibility features in housing are important for you (e.g., roll-in shower, wide doorways, no step entry)?

J.5 What reasonable accommodations will you need (e.g., approval to pay rent in the middle of the month, parking space for visiting support staff, emotional support animal)?

## K. REVIEW OF ELIGIBILITY FOR HOUSING OPTIONS

Based on the information provided, your Community Housing Guide will complete this chart and identify the housing resources for which you may be eligible. If the resource is available AND you (1) are in the target population, (2) are income eligible and (3) do not meet any major denial criteria, the housing resource may be an option for you. Some housing resources may be available in your preferred community but they may have a waitlist. Waitlists may be open or closed. This chart will help you prioritize which housing resources to pursue.

Housing Resources	Available Where You Want to Live? (Yes/No)	Do You Meet Categorical Eligibility? (Yes/No)	Are You Income Eligible, based on budget? (Yes/No)	Do You Meet a Major Denial Criterion? (Yes/No)	Does the Housing Resource Have Waitlist? (Yes/No)	Is the Waitlist Open? (Yes/No)
<b>1. HOUSING RESOURCES FOR SETTLEMENT AGREEMENT TARGET POPULATION</b>						
Housing Choice Voucher – Special Needs Preference						
State Rental Assistance Program						
Low Income Housing Tax Credit Properties – Leasing Preference						
<b>2. HOUSING RESOURCES FOR LOW/MODERATE INCOME HOUSEHOLDS</b>						
Local Housing Choice Voucher Program						
Public Housing						
Project Based Voucher Program						
Low Income Housing Tax Credit Program						
Rental Affordable Dwelling Units						
Rural Development 515 Housing						
Section 8 Federally Assisted Housing						
Other:						
Other:						