

Housing History

How many places have you lived in the last year? _____ last 5 years? _____

Last permanent address: _____

Landlord: _____

Reason for leaving: _____

Eviction history

Have you been evicted from...

Market Rate Housing Location: _____

Date: _____

CMHA Location: _____

Date: _____

Section 8 Housing Location: _____

Date: _____

Other Subsidized Housing Location: _____

Date: _____

Reason(s) for eviction:

Non-payment of rent Amount owed \$ _____

Utility disconnect Amount owed \$ _____

Doubled up violation of lease

Substance/alcohol abuse

Damage to property

Other _____

Other housing issues experienced in the previous 12 months that caused/contributed to homelessness:

Lived in a condemned building

Lived in substandard housing

Fire

Loss of income

Reduction of income

Medical issues

Spouse/partner abuse

Child abuse/neglect

Family conflict

Amount current owed to utility company \$ _____ Company: _____

PIP? _____

Previous emergency shelter history (Location/Date/Situation Upon Leaving)?

Previous residential program history (Location/Date/Situation Upon Leaving)?

Housing Search

Applications made thus far in your housing search:

- Section 8 Date ___/___/___ Status _____
- Family Reunification Date ___/___/___ Status _____
- CMHA Date ___/___/___ Status _____
- Market Rate
Date ___/___/___ Location _____ Status _____
Date ___/___/___ Location _____ Status _____
Date ___/___/___ Location _____ Status _____
Date ___/___/___ Location _____ Status _____
- Transitional housing
Date ___/___/___ Location _____ Status _____
- Half-way house/treatment/residential program
Date ___/___/___ Location _____ Status _____
- Service enriched permanent housing
Date ___/___/___ Location _____ Status _____

Community Connections – neighborhood search indicators for housing search:

Family _____
Other Support Persons _____
Schools Child(ren) are Enrolled in _____
Child Care Provider(s) _____
Service Provider(s) _____
Job _____

Special transportation issues that will effect housing selection:

Special accommodations required (physical, ADA, etc):

Supportive housing preferences (if any):

Documented Disability: Documentation... _____

Substance Abuse Physical, cognitive, sensory disabilities HIV/AIDS

Mental illness Youth with disability

Explain... _____
