

# 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 YOU 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 

**Fair Housing:**

I feel that I have been discriminated against for housing

I have been denied housing

**Source of Income (check all that apply):**

Wages  TAFDC / EAEDC (DTA)  SNAP (food stamps)/ WIC  SSI/SSDI  Alimony  Unemployment  
 Child Support  CHIP  Retirement/ Pension  Refugee Stipend  Veterans Benefits  Medicare/Medicaid  
 No income  Fuel Assistance  Other (please list): \_\_\_\_\_

**GROSS (before taxes) Monthly Income:** \$\_\_\_\_\_ (include **all** household members' income); **Food Stamp/SNAP \$**\_\_\_\_\_

Monthly **Rent/Mortgage Expenses:** \$\_\_\_\_\_ (do not include phone/cable); **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:** \_\_\_\_\_ Ages:\_\_\_\_\_

Do you have at least one child under age 21 living with you? Yes \_\_\_ No \_\_\_ **Are You Pregnant?** Yes \_\_\_ No \_\_\_

**Is anyone disabled in your household?** Yes\_\_\_ No\_\_\_

If you are seeking financial assistance, are you expecting an increase or decrease in income or expenses? Yes\_\_\_ No\_\_\_

***Please explain why you are here***

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**The Violence Against Women Reauthorization Act of 2005 (VAWA):** The *Violence Against Women Reauthorization Act of 2005 (VAWA)* prohibits denial of assistance to admission to an otherwise qualified participant on the basis that the participant is or has been a victim of domestic violence, dating violence or stalking. Specifically, Section 606 (1) of VAWA adds the following provisions to Section 8 of the *U.S. Housing Act of 1937*, which lists contract provisions and requirements for the Section 8 Housing Choice Voucher Program:

*That the application or participant has been a victim of domestic violence, dating violence, or stalking is not an appropriate reason for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission.*

**\*\*\*IMPORTANT ---PLEASE SIGN!!!**

**All information presented above, including income of all household members, is true to the best of my knowledge. I understand that by signing below I am giving permission to Berkshire Housing, BCRHA, ServiceNet, Soldier On and all C.O.C. Partnering Agencies to share this Assessment, and other provided information, in order to coordinate the most effective and efficient services to my household. I understand that this permission is given pursuant to Section 2 of Chapter 66A of Massachusetts General Law, the Fair Information Practice Act. This consent automatically expires one year from date signed or when services are terminated, whichever occurs first.**

**SIGN HERE:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Today's Date**



**BERKSHIRE HOUSING DEVELOPMENT CORP.**

1 FENN STREET, 3<sup>rd</sup> 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:\_\_\_\_\_
  

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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, 4<sup>th</sup> 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.

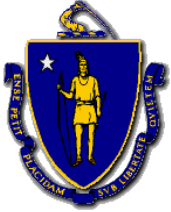
\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
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.

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WITNESS: RAFT Administering Agency Staff Signature

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Date

-----  
RAFT Administering Agency Staff Name

RAFT Administering Agency: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_