

# 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): \_\_\_\_\_

**WHY ARE YOU HERE TODAY:**

- 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? \_\_\_\_\_

**Please complete all the information below. Write n/a if not applicable to your situation:**

Are you homeless now? Yes \_\_\_ No \_\_\_ Where did you sleep last night? \_\_\_\_\_

Are you going to be homeless in 30 days or less? \_\_\_Yes \_\_\_ No; If Yes, why? \_\_\_\_\_

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): \_\_\_\_\_

Total Monthly Income: \$ \_\_\_\_\_ (include **all** family members' income); Food Stamp/SNAP \$ \_\_\_\_\_

Monthly Rent/Mortgage Expenses: \$ \_\_\_\_\_ (do not include phone/cable); Monthly gas/oil/electric: \$ \_\_\_\_\_

Do you expect your income to increase? Yes \_\_\_ No \_\_\_ If yes, how and when? \_\_\_\_\_

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: \_\_\_\_\_ Pregnant? Y or N

If you are behind in your rent, **how many months**? \_\_\_\_\_ Total amount owed? \_\_\_\_\_

**Circle** any eviction papers you have:

- a) 14-day notice to quit   b) 30-day notice   c) Summary Process Complaint   d) Court Agreement or Judgment

**TURN OVER**  
➔

If you are behind in utility payments, *how much do you owe?* \_\_\_\_\_

Have you **received a 2<sup>nd</sup> shut-off** notice? \_\_\_ Yes \_\_\_ No      Are you **out of heating fuel**? Yes \_\_\_ No \_\_\_

Have you **applied for fuel assistance**? Yes \_\_\_ No \_\_\_ *When* did you apply? \_\_\_\_\_

**Do you have a housing subsidy (i.e. Section 8, public housing, MRVP etc.)?** Yes\_\_\_ No\_\_\_

If yes, from what agency? \_\_\_\_\_

**Are you a victim of domestic violence?** Yes \_\_\_ No\_\_\_; If yes, how long ago? \_\_\_\_\_

Are you **30 days or more** behind in your **mortgage**? Yes \_\_\_ No\_\_\_ **How far behind are you?** \_\_\_\_\_

**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?  
\_\_\_\_\_

**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 \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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 and Soldier On 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**

## Secure Jobs Initiative Questions

Secure Jobs Initiative is a workforce program designed to help families increase their income through employment. The program is designed to help those who are ready, willing and able to work. Any participant or family member residing in EA shelter or Motel, receiving HomeBase Household Assistance or RAFT are eligible.

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 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? \_\_\_\_\_



***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.*