



# HCEC Customer Assessment Form



Android

iPhone

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
*Do we have permission to leave a message at this number? Yes No An email is required!*

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)

- \_\_\_ I was denied emergency assistance (EA/shelter) \_\_\_ I owe \$ \_\_\_\_\_ in rent and am being evicted
- \_\_\_ I have a 14 – Day Notice to Quit \_\_\_ *If you are behind in your rent, how many months?* \_\_\_\_\_
- \_\_\_ I have a 30-day eviction notice \_\_\_ My landlord is being foreclosed upon and I need to move out
- \_\_\_ I have a Notice of a Court Eviction \_\_\_ My apartment is in poor condition and I must move out
- \_\_\_ I have a Court Agreement or Judgment \_\_\_ I am behind in my mortgage by \_\_\_ mos. & owe \$ \_\_\_\_\_
- \_\_\_ I am going to be homeless in 30 days or less \_\_\_ 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:**

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

**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***

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

**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

**Hit SUBMIT or Email this intake form to: [HCECIntake@berkshirehousing.com](mailto:HCECIntake@berkshirehousing.com)**



***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](http://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.

I/We understand that information and data regarding my Housing Counseling case may also be shared with Community Legal Aid for the purpose of accessing legal advice pertaining to my housing issue.

\_\_\_\_\_  
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.*