

Westchester County Inter-Agency Intake Form for Eviction Prevention

Head of Household (HOH) Information										
Name:						Date:				
Address:						Phone #:				
City, State, Zip:						E-Mail:				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other:										
Apartment Information										
Do you have a lease? <input type="checkbox"/> No <input type="checkbox"/> Yes Expiration date: _____						# Bedrooms:				
How much is your rent per month?						TOTAL Household Size:				
Do you have a housing subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: <input type="checkbox"/> Section 8 <input type="checkbox"/> Public Housing <input type="checkbox"/> DSS <input type="checkbox"/> SCRIE/DRIE										
Is your apartment covered under ETPA/rent regulation? <input type="checkbox"/> No <input type="checkbox"/> Yes										
Included in rent per month (please specify amount): <input type="checkbox"/> Heat: \$ _____ <input type="checkbox"/> Water: \$ _____ <input type="checkbox"/> Gas: \$ _____ <input type="checkbox"/> Electric: \$ _____										
Tenant pays per month (please specify amount): <input type="checkbox"/> Heat: \$ _____ <input type="checkbox"/> Water: \$ _____ <input type="checkbox"/> Gas: \$ _____ <input type="checkbox"/> Electric: \$ _____										
Emergency Contact Information										
Name:						Phone number:				
Address:						E-mail:				
Landlord Information										
Name/Company:						Phone number:				
Address:						E-mail:				
Assistance Requesting (check all that apply & specify amount being requested):										
<input type="checkbox"/> Legal			<input type="checkbox"/> Counseling			<input type="checkbox"/> Rental Arrears: \$ _____			<input type="checkbox"/> Security Deposit: \$ _____	
<input type="checkbox"/> Moving Costs: \$ _____			<input type="checkbox"/> Utilities: \$ _____			<input type="checkbox"/> Other: \$ _____				
Household Information										
Name	Date of Birth	Gender	Social Security #	Relation to Head of Household	Race	Ethnicity	Veteran? (Yes/No)	Citizen/Residency Status		

Income Eligibility Calculation Worksheet

Name of HH Member	Source of Income	Frequency of Income	Gross (pre-tax) Monthly Income	Gross (pre-tax) Annual Income

Total Annual Household Income: \$

Monthly Budget

Net (take home) Monthly Household Income: \$

MONTHLY EXPENSES

Housing		Transportation	
Rent/Mortgage (your portion)	\$	Fuel/Gas/Tolls	\$
Maintenance	\$	Public Transit	\$
Utilities	\$	Car Payments	\$
Cable/Internet/Phone	\$	Car Insurance	\$
Cell Phone	\$	Car Maintenance	\$
Necessities		Debt	
Toiletries	\$	Credit Card payments	\$
Groceries (not including SNAP)	\$	Student Loan payments	\$
Laundry/Dry Cleaning	\$	Other Loan payments	\$
Child Support	\$	Other	
Child Care	\$	Entertainment	\$
Medical/Dental Insurance	\$	Eating Out	\$
Medical/Dental bills & copays	\$	Pet Care	\$

TOTAL EXPENSES (add all): \$ _____

FOR INTERNAL STAFF USE ONLY Balance: Monthly Net Income – Expenses= \$ _____

Program: _____ **AMI Limit:** _____

HH#	30% A	50% AMI	60%	80% AMI
1	26,450	44,050	52,900	62,550
2	30,200	50,350	60,400	71,500
3	34,000	56,650	68,000	80,450
4	37,750	62,900	75,500	89,350
5	40,800	67,950	81,600	96,500
6	43,800	73,000	87,600	103,650
7	46,850	78,000	93,700	110,800
8	49,850	83,050	99,700	117,950

TOTAL GROSS HOUSEHOLD INCOME FROM ALL SOURCES \$

_____ **% OF AMI FOR HOUSEHOLD SIZE** \$

IS THE HOUSEHOLD AT OR BELOW _____% AMI? Yes No

Is apartment sustainable according to budget? Yes No

****PLEASE COMPLETE THIS PAGE FOR EACH HOUSEHOLD MEMBER****

HH Member Name:		
Highest level of education	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> GED <input type="checkbox"/> School did not have grade levels <input type="checkbox"/> Some College <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Vocational Certification <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	
LIVING SITUATION		
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter- with subsidy <input type="checkbox"/> Emergency Shelter- without subsidy <input type="checkbox"/> Safe Haven <input type="checkbox"/> Foster Care <input type="checkbox"/> Hospital- medical unit <input type="checkbox"/> Hospital- psychiatric unit <input type="checkbox"/> Jail/Prison/Juvenile Detention <input type="checkbox"/> Long Term Care Facility/Nursing Home <input type="checkbox"/> Substance Abuse Treatment Facility/Detox Center	<input type="checkbox"/> Halfway House <input type="checkbox"/> Rental- with subsidy <input type="checkbox"/> Rental- without subsidy <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Host Home <input type="checkbox"/> Staying with family or friends/couch surfing <input type="checkbox"/> Owned- with subsidy <input type="checkbox"/> Owned- without subsidy <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
How long have you lived in your current situation?:		
HEALTH INSURANCE		
<input type="checkbox"/> Private- Employer Provided <input type="checkbox"/> Private- Individual <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> VA Military Insurance	<input type="checkbox"/> Other Public Funded <input type="checkbox"/> Other State Funded <input type="checkbox"/> Combined Children's Health Insurance/Medicaid <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Other- Please specify: _____ <input type="checkbox"/> NONE	
HEALTH		
Alcohol Abuse	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Is condition indefinite? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Chronic Health Condition	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Is condition indefinite? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Developmental Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Is condition indefinite? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Drug Abuse	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Is condition indefinite? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
HIV/AIDS	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Is condition indefinite? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Mental Health Problem	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Is condition indefinite? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Physical Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Is condition indefinite? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Domestic Violence	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: When did experience occur? _____ Are you currently fleeing? <input type="checkbox"/> No <input type="checkbox"/> Yes
NON-CASH BENEFITS		
SNAP	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Amount: \$
WIC	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Amount: \$
TANF- Child Care	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Amount: \$
TANF- Transportation	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Amount: \$
TANF- Other	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Amount: \$
Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	If YES: Amount: \$

QUESTIONNAIRE: Please answer as completely as you can- the answers to these question help us connect you to the right resources.

1. What is the reason for your eviction?
 - a. If due to non-payment of rent, how much does your landlord say you owe?
 - b. How much do you think you owe? Please provide any current proof of payment (receipts, etc.) you have.
 - c. What led you to fall behind and when did this start?
 - d. What is the status of your eviction? Please check all that apply, and provide copies of any of the following, if you have received them:
 - Rent Demand Letter from Landlord
 - 14-day Eviction Notice
 - Date of letter:
 - Date of eviction:
 - Housing Court judgment (agreement between you and your landlord that a judge signed)
 - Date(s) of court appearance that you've already attended:
 - Date(s) upcoming court appearances:
2. Are your living conditions unsafe? (Needed repairs, interpersonal violence, etc.) If Yes, please explain:
3. How long have you lived in your apartment?
4. Have you received ANY assistance from any agency in the past 18 Months?
 - a. If Yes,
 - i. Which agencies:
 - ii. Status of application with each agency:
 - iii. What's that service provider or case manager's contact information?
5. How much of your arrears/moving costs/utility costs are you able to pay?
6. What financial resources do you have available to you? (savings, financial support from friends/family/church)
7. What non-financial resources do you have available to you? (able to stay with friends/family, etc.)
8. If you have a housing subsidy: (please go on to question 9 if no subsidy)
 - i. Which agency administers your subsidy?
 - ii. How much is the subsidy?
 - iii. Who is your caseworker?
 - i. Is the subsidy still being paid?
9. Employment Status: Employed Full Time Employed Part Time Per-Diem Unemployed Retired
 - a. If Employed:
 - i. Occupation:
 - ii. How long have you been employed?
 - b. If Unemployed:
 - i. How many months have you been unemployed?
 - ii. Do you receive unemployment?
10. Is there anything else you'd like us to know? (Goals, other important deadlines, disabilities, transportation issues, language preferences etc.)

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Certification

I _____ certify that all the information above is accurate and reflects my current financial and living situation.

(Signature of Applicant)

(Signature of referring Caseworker)

(Name of Agency accepting application)

(Signature of accepting Caseworker)

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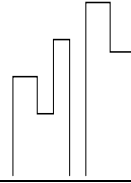
PROVIDING HELP
CREATING HOPE
100+ YEARS



Westchester Residential Opportunities, Inc. (WRO)



Mt. Vernon United Tenants, Inc.



AUTHORIZATION FOR DISCUSSION AND FOR THE INSPECTION AND RELEASE OF RECORDS

TO:

RE:

I, [_____], SS# [_____]

D/O/B [_____] hereby authorize [_____], through its employees, to inspect, copy, and remove, or otherwise obtain, any information or documents contained in open or closed files concerning me.

I further authorize _____ to provide my information along with any relative documentation to other nonprofit agencies in my area with the sole purpose of obtaining additional assistance, financial or otherwise, for my current housing situation that has caused me to need assistance.

Other agencies that may be contacted may include, but are not limited to: Legal Services of the Hudson Valley, CLUSTER, Catholic Charities, The Bridge Fund, Westchester Residential Opportunities, Mount Vernon United Tenants, Hudson Valley Justice Center, Westcop, Grace Community Church, People 4 People, Jewish Family Services, Second Hand Rose, Lifting Up Westchester, Hudson Valley Community Services, The Preservation Company, Washingtonville Housing Alliance, RECAP, ACCESS, My Sister's Place, The Community Resource Center, Adult Protective Services, Mental Health Agencies, Department of Social Services, etc.

If there are any agencies that I specific do not want to authorize [_____] to contact I will provide that information here:

My questions about this form have been answered. I know that I do not have to allow release of any information and I can change my mind at any time.

This release is effective from [_____], until [_____].

Signature: [_____] Date: [_____]



HMIS Client Release of Information

Partner Agency

Welcome! You are enrolling in one of the programs associated with the Westchester County Continuum of Care Partnership for the Homeless (the CoC). In order to provide you with the most effective and efficient service, we must collect relevant data for our Homeless Management Information System (HMIS). This secure and confidential database operated by trained representatives allows providers to work together with you to make sure you are receiving all of the housing services you need and in a timely manner. Beyond that, your participation in the HMIS allows the CoC to get an accurate count of all people experiencing homelessness or who are at risk of homelessness in Westchester County. This helps us to improve our current service system and make plans for new services. In order to make sure individuals are not counted twice if services are received by more than one agency, we need to collect basic personal information. We need: FULL NAME; DATE OF BIRTH; SOCIAL SECURITY NUMBER; GENDER; RACE; ETHNICITY; DISABLED STATUS; VETERAN STATUS; and, ADDRESS. You have the right to restrict this information to just one agency if you wish and you can do that at any time.

Please review the information below and sign/date where indicated. [Note to staff, if working with a family, please complete the back of this form as well].

I understand that this agency will enter my basic personal information into the ClientTrack Homeless Management Information System (HMIS). The information I have provided is true and correct. My basic personal information may be shared among local authorized service providers for the purpose of connecting me to services.

I understand that information about me that is in HMIS may be used by the agency, the Westchester County Continuum of Care, and the NYS Office of Temporary and Disability Assistance (OTDA) to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. My name, date of birth, social security number or other information that would identify me personally will never be visible to anyone at OTDA and will never appear on any reports or publications.

An agency representative has answered my questions about my privacy concerns. By signing this release form, I fully understand the above terms and conditions.

CLIENT NAME [PRINT] DATE CLIENT SIGNATURE DATE

AUTHORIZED PERSONNEL NAME [PRINT] DATE AUTHORIZED SIGNATURE DATE



HMIS Client Release of Information

CONSENT ON BEHALF OF HOUSEHOLD MEMBERS

An adult head of household may provide consent on behalf of family members to share their information in the HMIS.

FAMILY MEMBER NAME 1 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 2 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 3 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 4 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 5 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 6 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 7 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 8 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 9 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 10 [PRINT]

HEAD OF HOUSEHOLD [INITIALS]

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DOCUMENTS CHECKLIST

Please be aware that organizations connected to this application may ask you for additional documentation and to complete & sign additional paperwork in order for you to access other sources of funding

- Guarantee letters from other organizations who have or will assist with your payment
- Documentation of risk of homelessness (submit all that apply)
 - Letter/Eviction Notice from Landlord
 - Court Documents
 - Utility shut off notice
- DSS *all applicants must go to DSS for assistance*
 - Budget sheet
 - Denial or guarantee letter
- Documentation of Tenancy (submit all that apply)
 - Current Lease
 - Section 8 or other subsidized housing lease renewal or rent share letter
 - Ledger
 - Rent receipts
- Documentation of Income for all adult household members (submit all that apply)
 - *must provide proof for the month leading up to date of application*
 - Paystubs - 6
 - SSI/SSD/SSA/VA award letter
 - Unemployment Verification
 - Child or spousal support household receives
 - SNAP award letter
 - Public Assistance award letters
 - Pension
 - If no paystubs but employed: Letter from employer with your wage & # hours worked in the last month
 - Last year's tax return, W-2's
- Identification for all household members (submit all that apply)
 - For all household members:
 - Birth certificates
 - Social security cards
 - For all adult household members:
 - Driver's license
 - Passport
 - Health Insurance card
 - Green card, permanent residency card, etc. if applicable
- Written statement of hardship & supporting documentation
 - Discontinue/termination letter from employer, social services, etc.
 - Medical, funeral, and/or other unexpected bills
 - Bank statements from last 3 months from all household bank accounts (checking and savings)
- Verification of all household expenses (submit all that apply)
 - Utility, credit card, car loan/insurance, cell phone bills
 - Childcare- notarized statement of cost from childcare provider/afterschool program
 - Child or spousal support that household pays
- Other documentation needed, if applicable:
 - Marriage certificate, divorce or separation papers
 - Military service documentation

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