

Barriers to Housing Stability Assessment

Client Name: _____

Assessment Date: ____ / ____ / ____

____ Screening

____ Exit (for those who were enrolled)

FOR HOUSEHOLD HEADS

1. TENANT SCREENING BARRIERS *(prior to entering program or since last assessment)*

TENANT SCREENING BARRIERS *(Check one)*

☐ Barriers *(complete below)*

☐ No Barriers *(skip to next section)*

☐ Barriers not assessed *(skip to next section)*

1A. RENTAL HISTORY/ISSUES

Number of evictions or unlawful detainers *(Check one)*

☐

0 evictions/
unlawful
detainers

☐

1 eviction/
unlawful detainers

☐

2-3 evictions/
unlawful
detainers

☐

4-9 evictions/
unlawful detainers

☐

10 or more
evictions/
unlawful detainers

☐

Not assessed

Number of eviction notices for unpaid rent or other lease non-compliance *(Check one)*

☐

0 eviction
notices

☐

1 eviction notice

☐

2-3 eviction
notices

☐

4-5 eviction notices

☐

5 or more eviction
notices

☐

Not assessed

Poor reference from current/prior landlords *(Check one)*

☐ Yes

☐ No

☐ Not assessed

Lack of rental history *(Check one)*

☐ Yes

☐ No

☐ Not assessed

1B. CREDIT HISTORY/ISSUES

Unpaid utility bills *(Check one)*

☐

No unpaid utility
bills

☐

1 unpaid utility bill

☐

2-3 unpaid utility
bills

☐

4-5 unpaid utility bills

☐

5 or more unpaid
utility bills

☐

Not assessed

Lack of credit history

☐ Yes

☐ No

☐ Not assessed

1C. CRIMINAL HISTORY

One or more misdemeanors

☐ Yes

☐ No

☐ Not assessed

Critical felony (sex crime, arson, drugs, violence)

☐ Yes

☐ No

☐ Not assessed

Other felony

☐ Yes

☐ No

☐ Not assessed

ASSESSMENT 1: ABILITY TO OBTAIN/MAINTAIN HOUSING IN THE COMMUNITY

Impact of tenant screening barriers on housing *(Check one)*

☐ No Effect

☐ Minimal Effect

☐ Moderate
Effect

☐ Major Effect

☐ Not assessed

2. PERSONAL BARRIERS (prior to entering program or since last assessment)

PERSONAL BARRIERS (Check one)

☐ Barriers (complete below) ☐ No Barriers (skip to next section) ☐ Barriers not assessed (skip to next section)

2A. CHEMICAL HEALTH

Chemical use has resulted in housing loss

☐ Yes ☐ No ☐ Not assessed

Chemical use currently affects ability to obtain/maintain housing

☐ Yes ☐ No ☐ Not assessed

2B. MENTAL HEALTH

Mental health has resulted in housing loss

☐ Yes ☐ No ☐ Not assessed

Mental health currently affects ability to obtain/maintain housing

☐ Yes ☐ No ☐ Not assessed

2C. DOMESTIC VIOLENCE/ABUSE

Domestic violence/abuse resulted in housing loss

☐ Yes ☐ No ☐ Not assessed

Domestic violence/abuse currently affects ability to obtain/maintain housing

☐ Yes ☐ No ☐ Not assessed

ASSESSMENT 2: ABILITY TO OBTAIN/MAINTAIN HOUSING IN YOUR COMMUNITY

Impact of client's personal barriers on housing (Check one)

☐ No Effect ☐ Minimal Effect ☐ Moderate Effect ☐ Major Effect ☐ Not assessed

3. INCOME BARRIERS (prior to entering program or since last assessment)

INCOME BARRIERS (Check one)

☐ Barriers (complete below) ☐ No Barriers (skip to next section) ☐ Barriers not assessed (skip to next section)

3A. INCOME

RENT _____ GAS _____ ELECTRIC _____ OTHER _____ TOTAL _____
PERCENTAGE OF INCOME _____ %

Needs/needed temporary financial assistance to obtain/maintain housing

☐ Yes ☐ No ☐ Not assessed

If housed: percent of income spent on housing (rent and utilities) (Check one)

☐ 35% or less ☐ 36% to 50% ☐ 51% to 65% ☐ 66% to 80% ☐ More than 80% ☐ Not Assessed

If not housed: amount able to spend on housing-\$ (Check one)

☐ 0 ☐ 1-100 ☐ 101-151 ☐ 151-200 ☐ 201-250 ☐ 251-300 ☐ 301-350
☐ 351-400 ☐ 401-500 ☐ 501-600 ☐ 601-700 ☐ 701-800 ☐ 801 or more ☐ Not Assessed

3B. OTHER INCOME - RELATED

Lacks ongoing, permanent housing subsidy (e.g. Section 8)

☐ Yes ☐ No ☐ Not assessed

Lacks steady, full time employment

☐ Yes ☐ No ☐ Not assessed

Lacks high school diploma or GED

☐ Yes ☐ No ☐ Not assessed

Job barrier: limited English proficiency

☐ Yes ☐ No ☐ Not assessed

Job barrier: lack of reliable transportation

☐ Yes ☐ No ☐ Not assessed

Job barrier: lack of reliable/affordable child care

☐ Yes ☐ No ☐ Not assessed

ASSESSMENT 3: ABILITY TO OBTAIN/MAINTAIN HOUSING IN YOUR COMMUNITY

Impact of client's income barriers on housing (Check one)

☐ No Effect ☐ Minimal Effect ☐ Moderate Effect ☐ Major Effect ☐ Not assessed

OVERALL BARRIER ASSESSMENT

OVERALL BARRIER-level (Optional)

- ☐ Level 1: Zero to minimal barriers-able to obtain/maintain housing with no or minimal supports
- ☐ Level 2: Moderate barriers-able to obtain/maintain housing with moderate one-time or brief transitional supports
- ☐ Level 3: Serious barriers-able to obtain/maintain housing with significant, intensive transitional supports
- ☐ Level 4: Long-term barriers-able to obtain/maintain housing with significant, intensive transitional or ongoing supports
- ☐ Level 5: Severe barriers-able to obtain/maintain housing with significant, intensive and ongoing supports