

Housing Needs Assessment

Date: _____ Name: _____ Birthday: _____ Gender: _____

Client # _____ Contact Phone Number: () _____ Other Contact: _____

PART 1

What is your current housing situation? _____

If housing is needed or a rental subsidy is indicated, proceed to Part 2.

PART 2-

For the following programs indicate the date discussed with the client, the date an application was made, and the result of the application.

<u>PROGRAM</u>	<u>DATE ADVISED</u>	<u>DATE OF APPLICATION</u>	<u>RESULT</u>
Shelter Plus Care			
Section 8			
BRAP			
Maine Housing			

I, the undersigned acknowledge that housing opportunities were discussed with me, and that I (please circle) DID / DID NOT apply for appropriate rental subsidies.

Name: _____ Date: _____

Signature: _____

Name of person administering questions: _____

Date _____

Signature: _____