



FRANKLIN COUNTY REGIONAL HOUSING & REDEVELOPMENT AUTHORITY

241 Millers Falls Road • Turners Falls, MA 01376
Telephone: (413) 863-9781 • Facsimile: (413) 863-9289

Housing Consumer Education Center Intake Form

Please complete the following preliminary information.

Date: Time:

Who referred you/ how did you hear about us?

First Name: Last Name:

Address:

City: State: MA Zip Code:

Home Phone: Work Phone:

Cell Phone: (Please place a check beside your preferred number.)

Email:

Would you like to be added to the FCRHRA tenant list serve? Yes No

Alternate Contact Name:

Alternative Contact Phone Number:

Gender: Male Female Transgender Date of Birth:

What brings you here today? (please check all that apply)

At Risk of Homelessness

- I have been denied emergency assistance (EA/shelter)
I have a notice to quit
I am living doubled-up and have to move out.
I owe \$ rent and am being evicted.
My landlord is being foreclosed upon and I am going to need to move out.
My apartment is in poor condition and I am going to have to move out.
I am behind on my mortgage. I am months behind and I owe \$

Housing Search (These are all old issues, but newly categorized)

- 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.

Fair Housing (These are all old issues, but newly categorized)

- I feel that I have been discriminated against for housing.
I have been denied housing.

Other

- I pay 50% or more of my income to my housing costs
I need help making my apartment/ home accessible for a disabled family member.
I want to buy a house and would like to learn more about how to do that.
I need some help to deal with my landlord to get repairs made to my apartment.
I am behind on utility bills and I have shut off notices.
I am having issues with my landlord-property management issues.
I am a landlord having issues with a tenant.
I'm a victim of domestic violence
Do you have a subsidy or live in public housing?

Are you working with any other agencies? (please list): _____

What is your goal? _____

The following questions will help us determine which service(s) will best help you.

What is your preferred language? _____

Other languages spoken at home: _____

Are you: Tenant Homeowner Homeless Homebuyer Advocate/ Agency
 Rental Property Owner Other(please list): _____

Household composition: Single Married Divorced Widowed Primary caregiver

Number of Adults: _____ Number of children: _____

Do you have at least one child under 21 living with you? Yes No

Are you pregnant? Yes No

Does anyone in your household have a disability? Yes No Self Family member

Source(s) of income & benefits: Wages TAFDC/EADC Food Stamps/ WIC SSI/SSDI
 TANF: Trans/ Childcare Alimony Unemployment Child Support CHIP
 Retirement/ Pension Refugee Stipend Veterans Benefits Medicare/Medicaid
 No income Fuel Assistance Other(please list): _____

Monthly Income (gross-before taxes): \$ _____

Monthly Rent/Mortgage Payment: \$ _____

Education Level: None Elementary School 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(please list): _____

Ethnicity: Hispanic Not Hispanic

Race (check all that apply): American Indian/ Alaskan Asian Black/ African American

Native American/ Alaskan Native White Chose not to respond

Other (please list): _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact (name of staff person) at (contact number/e-mail).

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.

FOR STAFF USE ONLY

Name of Staff:
Software used:

Date:

Tracker CounselorMax Cornerstone

Services:

- Information and Referral
- Brief Counseling
- Workshop
- Loan Counseling
- Mediation/ Negotiation
- Outreach

Referral to Information

- Affordable Homeownership
- Affordable Rental Housing
- Apartment Search/ Housing Search
- At Risk of Homelessness
- Basic Household Needs (Clothing, Furniture)
- Code/ Lead Violations
- Credit
- Denied Housing
- Disaster Assistance
- Discrimination/ Fair Housing
- Doubled Up
- Employment Assistance
- Equity Options/ Refinancing
- Eviction
- Financial Assistance
- Financial Literacy
- Financing
- Foreclosure Prevention
- General Housing/Outreach
- Home Improvement
- Homeless/Shelter Info
- Income Maximization
- Preparation to Purchase
- Property Management Practices
- Rent Burdened
- Section 8/ Subsidy Issue
- Security Deposit/ Start-up Costs
- Selection, Agreements, Terms
- Specialized housing
- Unsafe Housing
- Utilities Weatherization

Referrals to Workshops

- Budget/ Financial Literacy
- Credit repair
- First Time Home Buyer
- Housing Search
- Landlord
- Post Purchase
- Smart Tenant

Referred to:

- Advocate/ Vender
- Bank/ Credit Union/ Financial Institution
- Community Action
- CDBG
- Credit Counseling
- DTA
- Fuel Assistance
- Furniture Bank
- HCEC Housing Counselor
- Housing Authority
- _____
- Housing Court
- Leased Housing
- Legal Services
- Legislator
- RAFT
- Weatherization
- Website
- Other: _____



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Voluntary Authorization to Release Information

I hereby authorize any and all agencies, organizations, employers, or individuals to release any information about me and my household to support applications for housing services as requested by Franklin County Regional Housing and Redevelopment Authority (HRA).

I further authorize the above named parties to request and obtain information, including copies of records kept on paper or electronically, of any agency, organization, employer, or individual (such as a landlord) and/or to discuss or correspond about such information orally, on paper, or electronically, with any agency, organization, employer or individual for the efficient operation and management of potential housing services, including eligibility for said services.

Furthermore, I hereby authorize, HRA to release information to mortgage lenders, landlords, service agencies, funding sources and individuals that is directly related to efforts to improve my housing situation. This includes information used to monitor, audit, research or other oversight of housing programs.

I agree to keep HRA informed of any changes in address, telephone numbers, job status, marital status, or other conditions which may affect my eligibility for housing services.

This authorization is valid for a period of 15 months from the date of execution below. I understand I may revoke consent by notifying HRA in writing.

Head of Household (Print)

Sign

Date

Other Adult Family Member

Sign

Date

Rental Assistance • Housing Development • Housing Management • Community Development
Municipal Assistance • Rehab Financing • Housing Counseling and Education • Public Infrastructure

Equal Housing Opportunity