



FRANKLIN COUNTY REGIONAL HOUSING & REDEVELOPMENT AUTHORITY

241 Millers Falls RD • 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 receive the FCRHRA apartment listing?) __ Yes __ No

Gender: __ Male __ Female __ Transgender Date of Birth: _____

Alternate Contact Name: _____

Alternative Contact Phone Number: _____

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: _____ Ages 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): \$ _____ Yearly 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): _____

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

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? _____

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:

Date:

Software used:

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



Franklin County Regional Housing & Redevelopment Authority

Agency Disclosure Statement

The mission of Franklin County Regional Housing & Redevelopment Authority (HRA) is to enhance the quality of life for the residents and communities of rural Franklin County and the North Quabbin region by accessing and delivering resources to address their housing, community development, municipal infrastructure, public facilities, economic, and social service needs. Further, HRA strives to promote environmental awareness and to be respectful of the unique characteristics of our rural region.

Service Disclosure

In the interest of full disclosure, HRA provides the following programs and services:

- Housing Counseling including Home Buyer Education and Counseling, Post-Purchase Education and Counseling and Financial Literacy Education and Counseling.
- Owner-occupant rehabilitation loan programs and services
- Rental information and assistance
- Property management services

These programs and services are offered regardless of race, color, disability, religion, sex, familial status, sexual orientation, national origin, genetic information, ancestry, children, marital status, or the receipt of public assistance. These services may also be offered by other providers and clients are under no obligation to utilize services from HRA. Participating in any of HRA programs or services does not obligate a client to participate in any other service provided by HRA. If a client receives multiple services at HRA his/her information may be shared between programs only to the extent necessary to coordinate the services for which he/she has applied.

Funding Disclosure

HRA is funded through a variety of sources to support its mission. These funding sources include the US Department of Housing and Urban Development (HUD), Massachusetts Housing & Community Development (DHCD), the MA Attorney General's Office, management fees, banks and financial institutions.

Clients are not obligated or expected to receive, purchase, or utilize any other services offered by HRA for its exclusive funders or partners in order to participate in any of HRA's programs, including housing

counseling services. Implementation of any suggestions or information received, participation in programs, or utilization of services provided by or referred by HRA or their partners are the client's own responsibility and based on decisions made of his/her own free will and choice.

By signing below, I acknowledge that I have received and read this Agency Disclosure Statement and I agree to hold harmless HRA and to be personally responsible for the result of any decisions I make in connection with services, opportunities and information offered by HRA, its partners and funders.

Client Signature (s) x _____ Date _____

x _____ Date _____