



Housing Assessment

The purpose of the Housing Assessment is to document the needs and preferences of individuals with disabilities who desire to change their housing situations. It is designed to accompany and summarize the housing seeker's preferences as identified when completing the Housing Options Training 1 (HOT 1) & the Housing Options Training 2 (HOT 2).

The Housing Assessment is best used with a support person. As noted in the introduction, the Housing Assessment and Housing Plan instructions are written for a support person to ask the questions of a housing seeker to aid the housing seeker in assessing their current situation. The first two sections of the Housing Assessment, "Identifying Information" and "Current Living Situation", should be filled out during the initial meeting with the person looking for housing. These sections are used to document valuable background information before the person seeking housing goes through HOT 1 & HOT 2. The remaining sections of the Housing Assessment follow the topics presented in HOT 1 & HOT 2 and may be filled out during or following a review and discussion of the content.

Once the questions in the Housing Assessment are discussed with the housing seeker and the form has been completed, the person completing the Housing Assessment should fill out the "Summary of Housing Needs and Preferences" at the end of the Housing Assessment. This summary will serve as the starting point for the creation of the Housing Plan.

The following pages are directions for completing the Housing Assessment. Each section will be bolded, and include an explanation of each section, and how to complete each section.

Sections of the Assessment include:

- Identifying Information
- Current Living Situation
- Household Composition Preferences
- Location Preferences
- Home Preferences
- Accessibility Needs
- Ownership versus Renting
- Affordability and Budget
- Background Information
- Supports Information

Identifying Information

The first section of the Housing Assessment provides contact information for the person seeking housing as well as the person's immediate support people. This information will help housing seekers begin thinking about who can help them along their housing journey.

	Name	Phone	Email
Individual			
Person Completing Form on behalf of Individual			

Authorized/Contact Person			
Emergency Contact			
Supports Coordinator			
Supports Broker			
Other:			
Other:			

Age: _____ Date of Birth: _____ Current County: _____

Current Living Situation

First, you will assess the person's current housing situation. It is important to discuss the current situation and identify things that are working and the things that are not working. This is also the place to document why a person is seeking alternative housing.

1. What is your current living situation?

☐ Alone ☐ With Family ☐ With Friends ☐ Provider Owned & Operated

2. In what type of area do you live now?

☐ City or town/Urban ☐ Outside of town/Suburban ☐ Farm/Rural

3. What do you like about your current home/situation?

4. What do you dislike about your current home or living situation?

5. Why do you want to move?

6. What is most important to you in where you live and who you live with?

7. Additional Information (if desired):

Household Composition Preference

Household composition preferences are documented in this section. This includes identifying if a person wants to live alone, and if not, who they would like to live with. We begin to explore potential roommate preferences, such as gender or age.

8. Do you want to live alone or with others?

- ☐ Alone
- ☐ With Others

If with others:

- How many? _____
- Who (if known)? _____

○ What is their relationship to you? _____

○ Have you ever lived with this person/s before? ☐ Yes ☐ No

○ Have you discussed your desire to live with them? ☐ Yes ☐ No

○ Contact Information for this person (if known): _____
- If you are willing to share a house/apartment with someone you do not currently know, which of the following would you consider? (Check all that apply)

☐ Someone my own age

☐ Someone of the same gender

☐ Someone younger than me

☐ Someone of a different gender

☐ Someone older than me

☐ Anyone

☐ Not applicable
- Would you like help finding someone to share a house or apartment with?

☐ Yes ☐ No
- If you would like to live with someone else, is there anything important you would want in a person you would be living with?

Location Preferences

In conjunction with HOT 1 & HOT 2, use this section to document where a housing seeker would like to live. There are also prompts to discuss the housing seeker's activities and how those may be important when considering the location of a new home.

9. If you moved, would you like to remain in the town or county in which you currently live or move to a different town or county? (Check all that apply)

- ☐ Stay in same town
- ☐ Move to a different town or county

☐ Stay in same county ☐ Unsure/No preference

➤ If you want to move to a different area, do you have a specific town or county in mind? ☐ Yes
Where? _____ ☐ No

10. In which type of area do you want to live? Check all that apply.

☐ City or Town/Urban ☐ Outside of town/Suburban ☐ Farm/Rural

11. Is it important to you to live near any specific places? How important it is for to you to live near each of the following? (1= not important at all; 5= extremely important)

	Importance: Rate 1-5
Work/Volunteer	
Family and friends	
Doctor/Medical	
Supports Coordination	
Shopping and banking	
Religious	
Social	
Recreational	
Educational	
Advocacy Groups	
Other:	

12. How will you meet your transportation needs? (Check all that apply)

- ☐ Drive yourself
☐ Family/Friends
☐ Public Transportation
☐ Volunteers
☐ Aging/Medical Assistance-covered or Waiver Funded Transportation
☐ Staff/Aides/etc.
☐ Walking/Bike riding
☐ Other: _____
☐ Unsure/Don't know

Home Preference

This section helps housing seekers think through the types of home options available and document the person's preferences.

13. If you moved, what type of home would you be willing to live in? (Check all that apply)

- ☐ A single-family home
☐ A duplex or double home
☐ A cottage home (small home, usually 1 floor)
☐ A cottage home placed on the property of a family member
☐ A garden apartment/ 2-3 story apartment building

- ☐ A high-rise apartment building (with elevators)
- ☐ A studio apartment (all living areas in one room)
- ☐ A one-bedroom apartment
- ☐ An apartment inside a home (granny flat or in-law suite)
- ☐ Home of a family member/s
- ☐ Other _____
- ☐ Unsure

14. How important is having each of the following on a scale of 1 to 4 (1= not important at all; 5= extremely important)

	Importance: Rate 1-5
Yard	
Carpeting	
Hard-wood floors	
Washer/dryer on site	
Parking space	
Storage space (attic, basement, large closet, etc.)	
Lots of windows	
Private bathroom	
Bathtub	
Shower Stall	
Ground floor apartment	
Air Conditioning	
Utilities included	
Pets OK	
Smoking allowed	
Allows subsidies	
Allows overnight guests	
Other	

Accessibility Needs

This section reviews the accessibility needs of the person seeking housing. This is also a great time to discuss smart home technology as well as remote supports.

15. Have you had a formal evaluation to assess your accessibility needs?

- ☐ Yes (If yes, obtain a copy.)
- ☐ No (If no, determine if an assessment is necessary.)

16. Do you have any of the following? (Check all that apply)

- ☐ A mobility device/wheelchair/walker
- ☐ A companion/service animal
- ☐ Ramp/accessible entryway from parking area
- ☐ Grab bars
- ☐ Another assistive device _____
- ☐ I do not use assistance animals or devices

17. Can you climb steps? ☐ Yes ☐ No

- If yes, how many steps? ☐ Up to 5 ☐ Up to 15 ☐ More than 20

18. Are you aware of or would you like assistance in identifying any other accessibility accommodations which would allow you to live more independently in your home?

☐ Yes ☐ No

- If yes, please explain:

Ownership versus Renting

In this section, we begin documenting the person's preference regarding buying or renting a home.

19. Would you prefer to own or rent your home?

☐ Own ☐ Rent ☐ Unsure

- Have you ever owned a home before? ☐ Yes ☐ No

- Are you prepared to take on the responsibilities of home ownership? ☐ Yes ☐ No

Affordability and Budget

This section documents a person's income and benefits, as well as determining total income, the amount of monthly housing payment a person can afford, and the Fair Market Rent in the area the person is interested in living.

Question #23 includes a table to document a person's interest in housing subsidies. Often people are placed on a waiting list for housing subsidies. It is important to have an accurate list of all housing programs and developments for which the housing seeker has applied and to follow-up to ensure that the contact information is current and if possible, to ascertain the status on the waiting list. It is also a good opportunity to ensure that there is no missing or incorrect information in the application. Finally, it is a good time to make sure the individual is taking advantage of any waiting list preferences for which he or she is eligible. Waiting list policies differ from public and private housing and can vary by community. For example, many public housing authorities have strict policies excluding individuals with criminal histories, while private landlords may not. If the individual is eligible but has not yet applied for rental assistance or subsidized housing, a step might be created to identify specific programs and properties that the housing seeker is interested in and to submit applications.

20. Complete the following table regarding types of mainstream benefits/public assistance:

Benefit type	Amount (if applicable)	Ineligible (Y/N)	Needs to apply (Y/N)
Cash Assistance*			
CCIS**			
Low Income Home Energy Assistance Program (LIHEAP)			
Medical Assistance (MA)			
Supplemental Nutrition Assistance Program (SNAP)***			
Women Infants and Children (WIC)			
Other _____			

*Cash Assistance is sometimes also called Temporary Assistance for Needy Families.

**CCIS is Child Care Information Systems, which is funding to help with childcare.

***SNAP is often referred to as Food Stamps.

21. What are your monthly sources and amounts of income? This will allow you to determine how much money you can afford to spend on housing.

Monthly Sources of Income:

Amount:

Salary/Wages:	_____
Private Pension:	_____
Social Security:	_____
SSI:	_____
SSDI:	_____
Unemployment Insurance:	_____
Public Assistance:	_____
Other: (e.g.: alimony, child support, interest, etc.)	_____
<u>Total Income: All Sources</u>	_____
<u>Housing Affordability: 30% of Income</u>	_____

22. Fair Market Rent (FMR) for the area you want to live in is: _____

Note: If local fair market/average rents are above what can be afforded: different locations, household compositions, income sources and/or additional subsidies should be considered.

https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2020_code/select_Geography.odn

To locate the Fair Market Rent in your area, click on Fair Market Rent (FMR) link listed above or use the Housing and Urban Development (HUD) website at

<https://www.huduser.gov/portal/datasets/fmr.html>

23. Based on what you can afford with monthly income, will you need help to cover the cost of housing? ☐ Yes ☐ No

➤ If yes, which types of help would you consider, if available to you:

☐ Family ☐ Subsidy/Voucher ☐ Roommate ☐ Other _____

➤ Sometimes housing vouchers and programs are set aside or prioritized for certain populations. Please indicate which of the following might apply to you:

- | | |
|---|------------------------------|
| <input type="radio"/> History of homelessness | <input type="checkbox"/> Yes |
| <input type="radio"/> History of chronic homelessness | |
| ▪ Homeless for the last year, continuously | <input type="checkbox"/> Yes |
| ▪ 4 or more episodes of homeless in the last 3 years, totaling 1 year | <input type="checkbox"/> Yes |
| <input type="radio"/> Veteran | <input type="checkbox"/> Yes |
| <input type="radio"/> Living with HIV/AIDS | <input type="checkbox"/> Yes |
| <input type="radio"/> Survivor of Domestic Violence | <input type="checkbox"/> Yes |
| <input type="radio"/> History of Institutional Stays | <input type="checkbox"/> Yes |
| <input type="radio"/> Mobility Disability | <input type="checkbox"/> Yes |
| <input type="radio"/> County resident for 6 months or more in the county where you are applying | <input type="checkbox"/> Yes |
| <input type="radio"/> Age 62 or older | <input type="checkbox"/> Yes |
| <input type="radio"/> Age 25 or younger and history of foster care | <input type="checkbox"/> Yes |

- At risk of losing child custody due to unsafe/unstable situation

☐ Yes

- If you would consider a subsidy/voucher or other housing program, please indicate which one(s). If you have already applied, include when and where you applied as well as the status of the program.

Type	Date applied (if applicable)	Where applied (if applicable)	Status: Pending, Approved, Denied, Will Consider, Not interested
Public Housing			
Senior Housing			
Housing Choice/ Mainstream Voucher			
Other _____			

Background Information

This section will help identify any missing documents, challenges with rental history, credit, and outstanding bills.

24. Starting with the most recent place you have lived, complete the following chart explaining where you have lived, when you lived there, and why you left:

Location	Type of Living situation	When	Why you left
			N/A

25. Do you have the following documents?

- Photo Identification ☐ Yes ☐ No
- Birth Certificate ☐ Yes ☐ No
- Social Security Card ☐ Yes ☐ No
- Proof of Income* ☐ Yes ☐ No
- Current Bank Statements ☐ Yes ☐ No
- References ☐ Yes ☐ No

*Proof of income includes items such as a Social Security Award Letter, Paystubs, and Bank Statements.

26. How would you describe your credit history?

☐ Good Credit ☐ Bad Credit ☐ No Credit ☐ Unsure

27. Do you have any outstanding debts? For example:

- Do you owe back rent to landlords? ☐ Yes ☐ No
- Do you owe money for back utilities? ☐ Yes ☐ No

- Other debts: _____ ☐ Yes ☐ No
- Do you have the resources to settle these debts? ☐ Yes ☐ No
28. Have you ever been turned down for housing? ☐ Yes ☐ No
- If yes, who turned you down for housing?
- A private landlord? ☐ Yes ☐ No
 - If yes, why? _____
 - A Public Housing Authority (PHA)? ☐ Yes ☐ No
 - If yes, which PHA? _____
 - If yes, why? _____
29. Have you ever been evicted from a home? ☐ Yes ☐ No
- If yes, why? _____
30. Have you ever been convicted of a criminal offense (including DUI)? ☐ Yes ☐ No
- If yes, year: _____
- Type of crime: ☐ Misdemeanor ☐ Felony
31. Do you have any legal restrictions on where you may reside? ☐ Yes ☐ No
- If yes, what are they? _____

Supports Information

In this section, you will document a housing seeker's current supports.

32. Do you have a representative payee? ☐ Yes ☐ No
- If yes, who? _____
- Contact Information: _____
- If no, would that be helpful to ensure that your bills get paid? ☐ Yes ☐ No

33. Which services/waivers do you already have in place?

34. What additional support might you need for independent living?
- Complying with the Lease ☐ Yes ☐ No
 - Home Maintenance/Repairs ☐ Yes ☐ No
 - Housekeeping ☐ Yes ☐ No
 - Money Management ☐ Yes ☐ No
 - Health Services ☐ Yes ☐ No
 - Mental Health Services ☐ Yes ☐ No
 - Substance Abuse Services ☐ Yes ☐ No
 - Shopping/Preparing Food ☐ Yes ☐ No
 - Hygiene ☐ Yes ☐ No
 - Socialization ☐ Yes ☐ No
 - Other _____ ☐ Yes ☐ No

- Does your current waiver fund services to support you in these areas?
☐ Yes ☐ No
- Does your current waiver budget allow for additional services?
☐ Yes ☐ No
- If your waiver cannot support these services, do you have another option available to pay for additional services.
☐ Yes ☐ No
- Does your current ISP outcome statement support the addition of these services and/or your desire to live independently?
☐ Yes ☐ No

Summary of Housing Needs and Preferences

This section walks you through a review of the Housing Assessment as a guide to summarize the important information you learned while completing the Housing Assessment. The information summarized here will be used in the Housing Plan.

Name of Person Preparing the Plan: _____

Title/Relationship: _____ Agency: _____

Email: _____ Telephone: _____

Identifying Information

Name, Age and Gender of Individual: _____

County: _____

Current Living Situation

Lives (Q1) Alone _____ with _____ in (Q2) Urban Suburban Rural

Key likes/dislikes(Q3,4) _____

Reasons for moving (Q5) _____

Most important considerations (Q6) _____

Preferences for a New Home (fill in or check all that apply)

Household Composition (Q8) Prefers to live: ☐ alone ☐ with family

☐ with friend ☐ with Roommate

Name of Possible Roommate, if any: _____

Interested in finding a roommate (Q8)

Prefers roommate of (Q8): ☐ same age ☐ younger ☐ older

☐ same gender ☐ any gender

Location Preferences

Location (Q9): ☐ urban ☐ suburban ☐ rural

Name of specific community, if any: _____

Important to be near the following community resources (Q10): _____

Places to avoid (Q11): _____

Transportation (Q12): ☐ self ☐ family/friends ☐ public ☐ Other _____

Home Preferences

Type of home preferred (Q13): _____

Important features (Q14): _____

Accessibility Needs(Q15-18): ☐ Barrier Free ☐ Visual ☐ Hearing

☐ Other _____

Ownership versus Renting (Q19): ☐ Own ☐ Rent

Other Important Information

Benefits to apply for (Q20): _____

30% of adjusted monthly income for housing (Q21): _____

FMR (Q22): \$_____

Willingness to consider subsidy (Q23) ☐ Yes ☐ No

Potentially relevant priority population for vouchers (Q23): _____

Bad or No Credit (Q26): ☐ Yes ☐ No

Back rent or utilities owed, other debts (Q27): ☐ Yes ☐ No

Denied housing in the past (Q28): ☐ Yes ☐ No

Previous evictions (Q29): ☐ Yes ☐ No

Criminal convictions (Q30): ☐ Yes ☐ No

Legal residency restrictions (Q31): ☐ Yes ☐ No

Other notes: _____

Finally Home is a demonstration project of Values into Action funded by the Pennsylvania Developmental Disabilities Council (PADDC) to assist individuals with disabilities from rural communities in meeting their goals to access and maintain control of their own homes. Diana T. Myers and Associates, Inc. (DMA) and Values Into Action created the **Finally Home Housing Toolkit** as a user-friendly resource providing housing information and tools for advocates, Housing Service Providers, Supports Coordinators, Supports Brokers, family members and other interested parties to support people with disabilities in securing the housing of their choice.

The Pennsylvania Developmental Disabilities Council is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3,095,416.00 with 100 percent funding by ACL/HHS. Council efforts are those of the grantee and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

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