

HOUSING READINESS ASSESSMENT

The purpose of this housing assessment is to assess an individual's readiness for integrated, independent housing and eligibility for various housing options and resources in the community. Please complete this housing assessment and fax it to (804) 692-0077. DBHDS will review the Housing Readiness Assessment, identify DBHDS housing resources for which the individual may be eligible, and suggest steps the person-centered planning team can take to ensure the individual is positioned to utilize available housing resources. The individual and his/her person-centered planning team can use this information to develop a housing action plan. Housing Readiness consists of six criteria:

1. The individual possesses critical housing documents, including a birth certificate or proof of citizenship/legal residency in the U.S., a social security card, and government issued photo identification (see Section B).
2. The individual has a feasible plan to address major housing barriers and cover upfront costs to obtain housing (see Section B).
3. If necessary, the individual has identified another person or persons to live with him/her as part of the household (friends, roommates, live-in aides, etc.). See Section D. Any other persons are prepared to supply the same critical housing documents and complete a background check.
4. The individual has a sustainable budget for independent housing, in which expenses do not exceed income (see Section G and H).
5. The individual has a person centered individual support plan (ISP) that, at a minimum, reflects access to resources, services and paid/unpaid supports that address functional limitations/needs for assistance in housing as identified in the VIDES (see Section I).

If you have questions about the housing assessment, please contact your [DBHDS Regional Housing Specialist](#).

A. ESSENTIAL INFORMATION			
Contact Information			
Last Name		Home Phone	
First Name		Cell Phone	
Social Security Number		Support Coordinator (SC)	
Medicaid Number		SC Phone	
Date of Birth		SC Email	
Gender		Assessment Date	
Representation			
<i>Who is authorized to make this individual's housing decisions? (self, legal guardian, authorized representative, power of attorney)</i>			
Name of substitute decision-maker (if applicable)			
Address			
Phone			
Email			
<i>Who should DBHDS contact if the individual has a housing emergency?</i>			
Name of emergency contact			
Address			
Phone			
Email			

B. SUMMARY OF HOUSING BARRIERS

Housing barriers are circumstances that reduce an individual's chances of qualifying for housing assistance or having an application for housing approved by a landlord. Place an "X" next to the housing barriers that apply to this individual.

X = Yes	Do you need help obtaining the following housing documents? (check all that apply)		
	Social Security card		
	Government issued photo ID (e.g., passport, state issued ID, military ID)		
	Birth certificate or proof of citizenship/permanent legal residency in the U.S.		
	Proof of income letter from Social Security		
	Current bank statement(s)		
	Other income and asset documentation		
	Have you ever had trouble with (check all that apply):		
	paying your rent on time?		
	keeping up with utility bills?		
	visitors/guest problems?		
	landlord/neighbor relationships?		
	clutter/home maintenance?		
	being evicted?		
	If yes, when?		
	For what reason?		
	Do you currently owe:		
	a previous landlord money (e.g., for unpaid rent, fees or damages)?		
	a public housing agency money (e.g., for rent or other amounts)?		
	a utility company (e.g., for unpaid utility bills or fees)?		
	Have you:		
	been convicted of manufacturing or producing methamphetamine on the premises of an assisted housing project?		
	been subject to a lifetime registration requirement under a state sex offender registration program?		
	engaged in the use of illegal drugs (within the last 12 months)?		
	had any other criminal charges or convictions?		
	Do you need assistance with reviewing your credit history?		
	Get a free credit report from www.annualcreditreport.com for information on available credit, payment history, and collections status.		
	Does your credit history show outstanding debts and collections?		
	Type	Name of Company Owed	Amount Due
			In Collections? (Yes/No)
	Landlord		\$
	Utilities		\$
	Telephone		\$
	Child Support		\$
	Car		\$
	Credit Cards		\$
	Medical		\$
	Other:		\$
	Have you filed for bankruptcy?		
	If yes, date:		

Name: _____

	Do you need assistance with covering any up-front costs to get into housing? (check all that apply)
	rental housing application fee
	holding fee
	security deposit
	first month's rent up front
	utility deposit
	moving expenses (vehicle, movers, boxes, etc.)
	furniture
	household supplies

C. HOUSING HISTORY**1. Residential Experiences**

For each setting in which the individual has previously lived, list the dates of residence. Describe what worked/didn't work about each setting. This information will help you identify what housing features and supports the individual may need in rental housing. It may also suggest what housing features to avoid.

Type of Residential Setting	Dates of Residence	What Worked, What Didn't Work
State Training Center		
Skilled Nursing Facility		
State Psychiatric Hospital		
Residential Substance Abuse Treatment Program		
Private Intermediate Care Facility (ICF/DD)		
Group Home for adults with DD		
Group Home for adults with Mental Illness		
Family Home (e.g., with parent, guardian, sibling)		
Emergency Shelter for Homeless		
Transitional Housing for Homeless		
Permanent Supportive Housing for Homeless		
Jail, prison or juvenile detention facility		
Residential school		
Hotel or motel		
Foster Care Home or Foster Care		
Street/Place Not Meant for Human Habitation		
Other (describe):		

2. Rental History

*Provide a summary of the individual's experience living in rental housing. **Do not include the residential settings in C.1 above.** List the most recent housing arrangement first. Note: in "subsidized" housing, the individual's rent payment is based on a percentage of his/her income. A "tenant-based" subsidy is a subsidy that the individual can take to any landlord who will accept it. A "project-based" subsidy is a subsidy that is attached to and remains with a specific unit at a property. This information may reveal issues to consider when applying for housing assistance or for apartments, or supports needed to maintain housing. It may also uncover potential sources of positive rental references. The individual may want to ask owners/landlords to serve as references on rental applications or to write a reference letter.*

Name: _____

a.			
Owner/Landlord Name		Owner/Landlord Phone	
Type of Residence (e.g., room, apartment/condo, townhouse, single family home, etc.)		Type of Owner/Landlord (e.g., individual's family, service provider, private individual owner, commercial landlord, public housing, etc.)	
Dates of Residence		City/State of Residence	
Monthly Rent		Who paid the rent?	
Was individual on the lease? (Yes/No/Don't Know)		Was housing subsidized? (Yes/No)	
Reason for Leaving		If subsidized, was subsidy tenant- or project-based?	
OK to serve as rent reference? (Yes/No)			
b.			
Owner/Landlord Name		Owner/Landlord Phone	
Type of Residence		Type of Owner/Landlord	
Dates of Residence		City/State of Residence	
Monthly Rent		Who paid the rent?	
Was individual on the lease? (Yes/No/Don't Know)		Was housing subsidized? (Yes/No)	
Reason for Leaving		If subsidized, was subsidy tenant- or project-based?	
OK to serve as rent reference? (Yes/No)			
c.			
Owner/Landlord Name		Owner/Landlord Phone	
Dates of Residence		City/State of Residence	
Type of Residence		Type of Owner/Landlord	
Monthly Rent		Who paid the rent?	
Was individual on the lease? (Yes/No/Don't Know)		Was housing subsidized? (Yes/No)	
Reason for Leaving		If subsidized, was subsidy tenant- or project-based?	
OK to serve as rent reference? (Yes/No)			
d.			
Owner/Landlord Name		Owner/Landlord Phone	
Dates of Residence		City/State of Residence	

Name: _____

Type of Residence		Type of Owner/Landlord	
Monthly Rent		Who paid the rent?	
Was individual on the lease? (Yes/No/Don't Know)		Was housing subsidized? (Yes/No)	
Reason for Leaving		If subsidized, was subsidy tenant- or project-based?	
OK to serve as rent reference? (Yes/No)			
3. Current Housing Situation			
Street Address			
City		State	
Zip		Type of Residence (e.g., training center; ICF/DD; group home; unit rented from family, provider, private owner, commercial landlord, public housing, etc.)	
On a lease? (Yes/No/Don't Know)		If YES, date lease ends	
If no lease, has individual been given a date he/she must leave this housing?		If YES, what date must individual leave this housing?	
		Why must individual leave this housing?	
Monthly Rent		Who pays the rent?	
Is the housing subsidized? (Yes/No)		If subsidized, is subsidy tenant- or project-based?	
OK to serve as rent reference? (Yes/No)			

D. HOUSEHOLD COMPOSITION

This section identifies other persons who will be part of this individual's household when he/she applies for rental housing. List the individual first: this person will be the Head of Household (HoH). Make sure each person listed has already agreed to live with the individual and be a member of the household. Roommates/live-in aides listed below may change depending on their availability. Please verify the household composition prior to submitting an initial referral for housing assistance to DBHDS and again before DBHDS makes a referral for a specific housing resource.

First and Last Name	DOB	Relationship (e.g., friend, sibling, live-in aide, etc.)	If a Full Time Student, list grade level (elementary/ junior/senior high school or institute of higher learning)	Gross Monthly Income (include wages, benefits, pensions, etc.)	Agrees to Be A Household Member? (Yes/No)
1.					
2.					
3.					

Name: _____

E. ASSETS AVAILABLE FOR UPFRONT HOUSING COSTS

Savings Account Balance	\$
Individual Development Account Balance	\$
Special Needs Trust	\$
ABLE Account	\$
Other:	\$
Other:	\$

F. WORK/VOCATIONAL TRAINING

Employers can provide verification of income for rental applications and can also serve as positive rental references. The individual may wish to ask if he/she can list the employer as a reference on rental applications or if the employer would write a reference letter. Participation in supported employment and vocational training may impact eligibility and/or amount of assistance received in certain rental assistance and affordable housing programs.

Currently Employed? (Yes/No)		Hours Per Week	
Name of Employer		Type of Work (full time, part time, temporary, seasonal)	
Street Address		City	
State		Zip Code	
Supervisor Name		Phone Number	
OK to serve as rent reference? (Yes/No)		Email	
Currently in Supported Employment, Vocational Training or Vocational Rehabilitation? (Yes/No)		Hours Per Week	
Name of Program		Program Contact Person	
Program Phone Number		Email	

G. ESTIMATED BUDGET WHEN LIVING IN RENTAL HOUSING

This budget projects the individual's income and expenses in rental housing. Remember to account for changes in monthly benefits that may occur when individuals move from their family's homes to their own homes. If the individual has applied for a rent subsidy, estimate the subsidized amount he/she will pay toward rent and utilities (e.g., approximately 30% of monthly income toward rent and utilities, NOT including phone, internet and cable). If the individual has not applied for a rent subsidy, estimate the full cost of rent and utilities for the unit size needed. Apportion expenses to be shared among housemates, and include only the individual's share in this budget. If an expense will be fully paid by another source (e.g., a Special Needs Trust or ABLE Account), do not list the cost. Simply note the name of the source that will pay the expense in the "Alternative Source" column.

Monthly Income		Monthly Flexible Expenses	Cost	Alternative Source
Earned Income	\$	Savings	\$	
SSI	\$	Groceries	\$	
SSDI	\$	Eating Out	\$	
SSA	\$	Entertainment/Hobbies	\$	
Pension	\$	Laundry	\$	
Other	\$	Cleaning Supplies	\$	

Name: _____

Other	\$		Clothing	\$	
TOTAL INCOME [A]	\$		Gasoline/Bus/Taxi	\$	
			Newspaper/Magazines	\$	
Monthly Fixed Expenses	Cost	Alternative Source	Alcohol/Cigarettes	\$	
Rent	\$		Tuition/Books	\$	
Electric	\$		Barber/Beautician	\$	
Gas/Oil	\$		Auto Maintenance	\$	
Water/Sewer	\$		Doctor/Dentist	\$	
Home Phone	\$		Pets	\$	
Cell Phone	\$		Parking	\$	
Internet Service	\$		Repairs	\$	
Trash Pickup	\$		TOTAL FLEXIBLE [D]	\$	
Cable	\$				
Medical Insurance	\$		FIXED [B]	\$	
Auto Insurance	\$		DEBT [C]	\$	
Life Insurance	\$		FLEXIBLE [D]	\$	
Renters Insurance	\$		TOTAL EXPENSES [E]	\$	
Child Support/Alimony	\$				
Child Care	\$		Subtract Expenses from Income (A-E)		
Other	\$		TOTAL INCOME [A]	\$	
TOTAL FIXED [B]	\$		TOTAL EXPENSES [E]	\$	
			DIFFERENCE + OR -	\$	
Monthly Debt Payments	Cost	Alternative Source	Notes		
Installment Loans	\$				
Automobile Loan	\$				
Credit Card Payments	\$				
TOTAL DEBT [B]	\$				

H. RESOURCES TO IMPROVE HOUSING BUDGET

What benefits and resources below can the individual or family access to reduce his/her fixed or flexible expenses?

Resource	Individual Eligible? (Y/N)	Has Individual Applied? (Y/N)	Is Individual Receiving? (Y/N)
Food Cooperatives			
Food Banks			
Lifeline Cell Phone			
Paratransit/Subsidized transportation			
SNAP (food stamps)			
Virginia Department of Social Services Energy Assistance Program			
Virginia Temporary Aid to Needy Families			

Name: _____

I. HOUSING NEEDS**1. PREFERRED COUNTIES** *(check all Counties where the individual would prefer to live. To check a box, simply click on the box.)*

- | | | | | |
|--|--|---|---|---------------------------------------|
| <input type="checkbox"/> Accomack | <input type="checkbox"/> Albemarle | <input type="checkbox"/> Alleghany | <input type="checkbox"/> Amelia | <input type="checkbox"/> Amherst |
| <input type="checkbox"/> Appomattox | <input type="checkbox"/> Arlington | <input type="checkbox"/> Augusta | <input type="checkbox"/> Bath | <input type="checkbox"/> Bedford |
| <input type="checkbox"/> Bland | <input type="checkbox"/> Botetourt | <input type="checkbox"/> Brunswick | <input type="checkbox"/> Buchanan | <input type="checkbox"/> Buckingham |
| <input type="checkbox"/> Campbell | <input type="checkbox"/> Caroline | <input type="checkbox"/> Carroll | <input type="checkbox"/> Charles City | <input type="checkbox"/> Charlotte |
| <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Clarke | <input type="checkbox"/> Craig | <input type="checkbox"/> Culpeper | <input type="checkbox"/> Cumberland |
| <input type="checkbox"/> Dickenson | <input type="checkbox"/> Dinwiddie | <input type="checkbox"/> Essex | <input type="checkbox"/> Fairfax | <input type="checkbox"/> Fauquier |
| <input type="checkbox"/> Floyd | <input type="checkbox"/> Fluvanna | <input type="checkbox"/> Franklin | <input type="checkbox"/> Frederick | <input type="checkbox"/> Giles |
| <input type="checkbox"/> Gloucester | <input type="checkbox"/> Goochland | <input type="checkbox"/> Grayson | <input type="checkbox"/> Greene | <input type="checkbox"/> Greenville |
| <input type="checkbox"/> Halifax | <input type="checkbox"/> Hanover | <input type="checkbox"/> Henrico | <input type="checkbox"/> Henry | <input type="checkbox"/> Highland |
| <input type="checkbox"/> Isle of Wight | <input type="checkbox"/> James City | <input type="checkbox"/> King George | <input type="checkbox"/> King William | <input type="checkbox"/> King & Queen |
| <input type="checkbox"/> Lancaster | <input type="checkbox"/> Lee | <input type="checkbox"/> Loudoun | <input type="checkbox"/> Louisa | <input type="checkbox"/> Lunenburg |
| <input type="checkbox"/> Madison | <input type="checkbox"/> Mathews | <input type="checkbox"/> Mecklenburg | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Nelson | <input type="checkbox"/> New Kent | <input type="checkbox"/> Northampton | <input type="checkbox"/> Northumberland | <input type="checkbox"/> Nottoway |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Page | <input type="checkbox"/> Patrick | <input type="checkbox"/> Pittsylvania | <input type="checkbox"/> Powhatan |
| <input type="checkbox"/> Prince Edward | <input type="checkbox"/> Prince George | <input type="checkbox"/> Prince William | <input type="checkbox"/> Pulaski | <input type="checkbox"/> Rappahannock |
| <input type="checkbox"/> Richmond | <input type="checkbox"/> Roanoke | <input type="checkbox"/> Rockbridge | <input type="checkbox"/> Rockingham | <input type="checkbox"/> Russell |
| <input type="checkbox"/> Scott | <input type="checkbox"/> Shenandoah | <input type="checkbox"/> Smyth | <input type="checkbox"/> Southampton | <input type="checkbox"/> Spotsylvania |
| <input type="checkbox"/> Stafford | <input type="checkbox"/> Surry | <input type="checkbox"/> Sussex | <input type="checkbox"/> Tazewell | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Washington | <input type="checkbox"/> Westmoreland | <input type="checkbox"/> Wise | <input type="checkbox"/> Wythe | <input type="checkbox"/> York |

2. PREFERRED CITIES *(check all Cities where the individual would prefer to live)*

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Alexandria | <input type="checkbox"/> Bedford | <input type="checkbox"/> Bristol | <input type="checkbox"/> Buena Vista |
| <input type="checkbox"/> Charlottesville | <input type="checkbox"/> Chesapeake | <input type="checkbox"/> Clifton Forge | <input type="checkbox"/> Colonial Heights |
| <input type="checkbox"/> Covington | <input type="checkbox"/> Danville | <input type="checkbox"/> Emporia | <input type="checkbox"/> Fairfax |
| <input type="checkbox"/> Falls Church | <input type="checkbox"/> Franklin | <input type="checkbox"/> Fredericksburg | <input type="checkbox"/> Galax |
| <input type="checkbox"/> Hampton | <input type="checkbox"/> Harrisonburg | <input type="checkbox"/> Hopewell | <input type="checkbox"/> Lexington |
| <input type="checkbox"/> Lynchburg | <input type="checkbox"/> Manassas | <input type="checkbox"/> Manassas Park | <input type="checkbox"/> Martinsville |
| <input type="checkbox"/> Newport News | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Norton | <input type="checkbox"/> Petersburg |
| <input type="checkbox"/> Poquoson | <input type="checkbox"/> Portsmouth | <input type="checkbox"/> Radford | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Roanoke | <input type="checkbox"/> Salem | <input type="checkbox"/> South Boston | <input type="checkbox"/> Staunton |
| <input type="checkbox"/> Suffolk | <input type="checkbox"/> Virginia Beach | <input type="checkbox"/> Waynesboro | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Winchester | | | |

3. SUPPORT NEEDS IN HOUSING

Which VIDES categories does the individual qualify in to meet the level of care eligibility requirement for the DD Waivers (check all that apply)? If the VIDES has not been administered in over a year because the person does not have a waiver, please mark the areas for which the person currently needs supports.

- | | | | | |
|--|---|--|---|---------------------------------------|
| <input type="checkbox"/> Health Status | <input type="checkbox"/> Communication | <input type="checkbox"/> Task Learning Skills | <input type="checkbox"/> Personal/Self Care | <input type="checkbox"/> Motor Skills |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Self-Direction | <input type="checkbox"/> Community Living Skills | | |

For each qualification category, describe the assistance needed to help the individual either (1) maintain health & safety in rental housing or (2) comply with a lease in rental housing.

Is this individual on a waitlist for a DD waiver? ☐ YES ☐ NO

What supports are already in place to meet these needs in the locality the person wants to live?

What other supports must be in place when the individual moves to maximize the likelihood he/she will move into and maintain housing?

4. TRAUMA/EXPLOITATION CONSIDERATIONS IN HOUSING

Describe any history of trauma or exploitation that could affect the individual's ability to maintain rental housing?
When was the most recent occurrence?

What supports are already in place in the locality the individual wants to live to reduce the likelihood the individual will be victimized again?

What other supports must be in place when the individual moves to maximize the likelihood the individual will move into and maintain his/her housing?

5. SPECIAL POPULATION CONSIDERATIONS

Is the individual in a population that may be eligible for specific housing resources? (check all that apply)

- ☐ HIV/AIDS
- ☐ Homeless (e.g., sleeping at night in a shelter, on the street or another place not fit for human habitation)
- ☐ Chronically homeless (e.g., has a disability and has experienced homelessness for a year or longer, or experienced at least four episodes of homelessness in the last three years [must be a cumulative of 12 months])
- ☐ Veteran

6. BUILDING STYLES

What building styles work for this individual (garden style apartments, mid-rise buildings of 5-8 stories, high-rise buildings of 9 stories or more, townhouses, single family homes, etc.)? Why?

What building styles do not work for this individual? Why?

7. HOUSING FEATURES

Place an "X" by the housing features that are important to and important for this individual. "Important To" means the individual desires this feature. "Important For" means the feature is critical to the individual's health and safety.

Note: "Near" means within walking distance or no more than a 30 minute ride on public transportation.

	IMPORTANT TO	IMPORTANT FOR
Walking distance to public transportation		
Walking distance to accessible public transportation		
Walking distance to shopping and banking		
Near doctor/health care providers		
Near employment		
Near supportive services		
Near family and friends		
Familiar neighborhood		
Well-lit sidewalks		
Parking on site		
Secured building entrance		
Property management on site		
Space or storage for medical/adaptive equipment		
Room for a live-in caregiver		
Housing where pets are allowed		
Housing where pets are prohibited		
Housing where smoking is allowed		
Housing where smoking is prohibited		
Private bathroom		
Electric appliances		
Washer/dryer in the apartment		
Washer/dryer in the building		
Electric appliances		
Ground floor unit		
Accessible unit (Identify specific accessibility needs in comments section below)		
Other:		
Other:		
Comments on housing features:		

Name: _____

Consent to Release & Exchange Information

I, _____, am signing this form for

(FULL PRINTED NAME OF INDIVIDUAL)

My relationship to the client is: ☐ Self ☐ Parent ☐ Power of Attorney ☐ Guardian ☐ Other Legally Authorized Representative

I permit _____
(name of referring agency and staff person)

and the Approved Agencies below to use and exchange the information in this housing assessment and action plan among themselves for the purpose of assisting me with developing my individual service plan, identifying and applying for housing resources and services for which I may be eligible, and coordinating access to housing resources and services. This information may be shared (check all that apply): ☐ in writing ☐ in meetings ☐ by phone ☐ by computerized data ☐ by fax

Approved Agencies:

Department of Behavioral Health & Developmental Services

This authorization is effective on _____.
(date)

This authorization is good until (check one): ☐ _____ or ☐ when my service case is closed.
(date)

I can withdraw this authorization at any time by notifying any involved agency listed above. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this authorization as valid consent to share information. ***If I do not sign below, information will not be shared and I will have to contact each agency individually to give them information about me that they need.*** However, I understand that housing and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature(s) _____ Date: _____
(Authorizing Person)

Person Explaining Form: _____
(Name) (Address) (Phone Number)

Other (If Required): _____
☐ Parent ☐ Witness (Signature) (Address) (Phone Number)

FOR AGENCY USE ONLY

CONSENT HAS BEEN: DATE REQUEST RECEIVED: _____
☐ Revoked in entirety
☐ Partially revoked as follows: _____

NOTIFICATION THAT CONSENT WAS REVOKED WAS BY:
☐ Letter (Attached Copy) ☐ Telephone ☐ In Person

AGENCY REPRESENTATIVE RECEIVING REQUEST:

(Agency Representative's Full Name and Title)

(Agency Address and Telephone Number)

Name: _____

J. HOUSING OPTIONS

Based on the information provided in the assessment questions above, the DBHDS Regional Housing Specialist will complete the chart below and identify which housing resources may be options for this individual. See the attached guide for descriptions of each housing resource. If the resource is available AND the individual is (1) in the target population, (2) is income eligible and (3) does not meet any major denial criteria, the housing resource may be an option for the individual. Some housing resources may be available, but may have a waitlist. Waitlists may be open or closed. Contact the housing resource for waitlist information. If a waitlist is open and the individual is eligible, consider assisting the individual with getting on the waitlist.

Housing Resources	Available in Preferred County of Residence? (Yes/No)	HoH Meets Categorical Eligibility? (Yes/No)	HoH Income Eligible, based on budget? (Yes/No)	HoH Meets a Major Denial Criterion? (Yes/No)	Does Housing Resource Have Waitlist? (Yes/No)	Is Waitlist Open? (Yes/No)	Date HoH Is Placed on Waitlist
1. HOUSING RESOURCES FOR SETTLEMENT AGREEMENT TARGET POPULATION							
Housing Choice Voucher – Special Needs Preference							
State Rental Assistance Program							
Low Income Housing Tax Credit Properties – Special Needs Preference							
2. HOUSING RESOURCES FOR LOW/MODERATE INCOME HOUSEHOLDS							
Local Housing Choice Voucher Program							
Public Housing							
Project Based Voucher Program							
Low Income Housing Tax Credit Program							
Rental Affordable Dwelling Units							
Rural Development 515 Housing							
Section 8 Federally Assisted Housing							
Other:							
Other:							

FOR DBHDS USE ONLY:

Criteria	Initials	Comments
All critical housing documents available		
Household members identified/have agreed		
Budget sustainable (income > expenses)		
Housing support plan reflects VIDES		
Feasible plan to address housing barriers		
Realistic plan to fund upfront housing costs		