

# Housing Assessment Tool

For People with Disabilities and Elders

Developed by The



Massachusetts Systems Transformation Grant

**This housing assessment tool is meant to be used as a tool by consumers and housing search professionals to prepare for questions and/or issues that may arise during the housing search process. It is hoped that a greater understanding of the housing search process will help individuals to find housing that meets their needs. However, using this tool cannot guarantee success in the housing search process.**

# Housing Assessment Tool

## Table of Contents

	<u>Page #</u>
<b>Instruction Sheet</b>	<b>2</b>
<b>Exploratory Open-Ended Questions</b>	<b>3</b>
<b>Contact Information</b>	<b>4</b>
<b>Current Housing Situation</b>	<b>5</b>
<b>Current Financial Situation</b>	<b>7</b>
<b>Housing Search Current Status</b>	<b>8</b>
<b>Reasons for Housing Search</b>	<b>9</b>
<b>Housing Needs and Preferences</b>	<b>13</b>
<b>References</b>	<b>14</b>

## Acknowledgements

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# Instruction Sheet

The Systems Transformation Grant (STG) Housing Assessment Tool is a resource for housing search specialists and persons with disabilities and elders searching for housing in Massachusetts. By answering the following questions, this tool can prepare the consumer to complete housing applications and help identify housing needs. The resource lists referred to throughout this assessment tool can be found in the complementary STG document entitled “Housing Search Guide for People with Disabilities and Elders: Resources.”

## Instructions for Housing Search Specialists

1. Use open-ended questions before the longer multiple choice sections. Record all answers, and check later sections for consistency and accuracy.
2. Collect contact information, then explain the purpose of gathering the information to the person searching before beginning the “Financial Information” section.
3. If the person searching for housing does not want to answer questions that you need to have answered to perform a search, explain how the information you collect will be used, and why it is helpful. If the person looking for housing is still uncomfortable, collect all of the information that the consumer is comfortable with providing.
4. Ask for both traditional and non-traditional references. If possible, try to list at least one traditional reference. A traditional reference includes a current/past employer, volunteer supervisor and a class teacher. A non-traditional reference may include but is not limited to a friend and supervisor from a program in which you participate.
5. Save all information in an organized, safe location to keep confidentiality. Only share information that is necessary and, most importantly, with the permission of the person searching for housing as documented by an agency release form.
6. Familiarize yourself with the concept of reasonable accommodation – a change in a rule, policy, practice or service which is necessary to allow a person with a disability to have equal opportunity to access, use and enjoy housing.

## Instructions for Persons with Disabilities and Elders Searching for Housing

1. Answer open-ended questions before beginning the longer multiple choice sections.
2. Record both traditional and non-traditional references. If possible, try to list at least one traditional reference. A traditional reference includes a current/past employer, volunteer supervisor and class teacher. A non-traditional reference includes a friend and supervisor from a program in which you participate.
3. Upon completion of the tool, save your information in an organized, safe location to keep your confidentiality. Bring your completed tool with you when searching for housing, but only share necessary information with people you trust.
4. Familiarize yourself with the concept of reasonable accommodation – a change in a rule, policy, practice or service which is necessary to allow a person with a disability to have equal opportunity to access, use and enjoy housing.
5. Gather any medical documentation that supports your need for a reasonable accommodation or modification before you begin applying for housing.

## Exploratory Open-Ended Questions

These “Exploratory Open-Ended Questions” provided the framework for this housing assessment tool, and can assist with the housing search process.

These six questions serve many purposes including:

1. Allowing the housing searcher to immediately gather the most critical information necessary in the housing search process
2. Giving the housing search professional and consumer an opportunity to establish a dialogue without the burden of responding to a series of direct questions.

This dialogue may uncover additional information that will be important in the housing search process.

- 1. What housing or housing related services are you looking for?*
- 2. Do you have a housing voucher?*
- 3. How many bedrooms do you need?*
- 4. Are you homeless or at risk of being homeless?*
- 5. What are your needs versus preferences?*
- 6. Do you need accessible housing? If so, do you need wheelchair accessibility? Do you need other accessible features such as grab bars, lowered cabinets, etc.? Do you need accessibility features related to sensory disabilities?*

# CONTACT INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Video Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

# CURRENT HOUSING SITUATION

1. Are you working with any other agencies to find housing? ☐ Yes ☐ No

If "yes" who? \_\_\_\_\_

*(See resource list: Regional Service Providers)*

2. Have you been given a date when you need to leave where you are currently living?

☐ Yes ☐ No

If "yes" what is the date? \_\_\_\_\_

If "yes" why are you being asked to leave? \_\_\_\_\_

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3. Do you want to stay where you are currently living? ☐ Yes ☐ No

If "yes" why do you want to stay where you are currently living? \_\_\_\_\_

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4. Do you want to leave where you are currently living? ☐ Yes ☐ No

If "yes" why do you want to leave where you are currently living? \_\_\_\_\_

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If you want to leave for a reason related to your disability, are there reasonable accommodation(s) or modification(s) that that you need which would allow you to stay?

☐ Yes ☐ No

If "yes," what are the reasonable accommodation(s) or modification(s)? \_\_\_\_\_

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If so, have you asked?

☐ Yes ☐ No

What was the result? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Is there another place you could stay temporarily after you leave where you are currently living?** ☐ **Yes** ☐ **No**

If, "yes," then for how long could you stay there?

- ☐ One day/night
- ☐ Several days
- ☐ One week
- ☐ One month

☐ Other: \_\_\_\_\_  
\_\_\_\_\_

**6. Are you behind in paying your rent?** ☐ **Yes** ☐ **No**

If "yes," how much do you owe? \$ \_\_\_\_\_

What is your monthly rent? \$ \_\_\_\_\_

**7. Are you behind in paying your utilities?** ☐ **Yes** ☐ **No**

If "yes," how much do you owe? \$ \_\_\_\_\_

What utilities do you have to pay for?

- ☐ Heat Amount per month: \$ \_\_\_\_\_
- ☐ Electricity Amount per month: \$ \_\_\_\_\_
- ☐ Phone Amount per month: \$ \_\_\_\_\_
- ☐ Other: Amount per month: \$ \_\_\_\_\_

**8. Are you currently receiving any type of assistance that reduces your rental payments or your utility payments?** ☐ **Yes** ☐ **No**

If, "yes", what type of assistance? \_\_\_\_\_  
\_\_\_\_\_

## CURRENT FINANCIAL SITUATION

### 9. What are your sources of income and your total income per month?

- a. Wages: \$\_\_\_\_\_/per month
- b. Unemployment: \$\_\_\_\_\_/per month until (List Date):
- c. Pension: \$\_\_\_\_\_/per month
- d. Child support: \$\_\_\_\_\_/per month
- e. SSI/SS(d)I: \$\_\_\_\_\_/per month
- f. AFDC: \$\_\_\_\_\_/per month
- g. Veterans Benefits: \$\_\_\_\_\_/per month
- h. EAEDC: \$\_\_\_\_\_/per month
- i. Alimony: \$\_\_\_\_\_/per month
- j. Other: \$\_\_\_\_\_/per month

**Total Income** \$\_\_\_\_\_/per month

### 10. Do you have any money or other resources currently available to pay for first/last months rent and a security deposit or a down payment?

☐ Yes ☐ No

### 11. What is the total monthly income (both earned and unearned) of other household members?

Name:\_\_\_\_\_Income:\_\_\_\_\_Relationship:\_\_\_\_\_

Name:\_\_\_\_\_Income:\_\_\_\_\_Relationship:\_\_\_\_\_

Name:\_\_\_\_\_Income:\_\_\_\_\_Relationship:\_\_\_\_\_

Name:\_\_\_\_\_Income:\_\_\_\_\_Relationship:\_\_\_\_\_



## HOUSING SEARCH CURRENT STATUS

### 12. Have you applied for housing?

☐ Yes ☐ No

If "yes" where (Please list the address and name of development, management company or agency)? \_\_\_\_\_  
\_\_\_\_\_

If "yes" what types of housing (i.e. private, public, subsidized)? \_\_\_\_\_  
\_\_\_\_\_

a. Public housing?

☐ Yes ☐ No

If "yes," in which cities/towns? \_\_\_\_\_  
\_\_\_\_\_

b. Other types of housing?

☐ Yes ☐ No

If "yes," in which cities/towns: \_\_\_\_\_  
\_\_\_\_\_

### 13. For each of the applications you submitted that has a waiting list:

a. Have you checked in the last 12 months to make sure you are still on the waiting list?

☐ Yes ☐ No

b. Do you know where you are on the waiting list?

☐ Yes ☐ No

### 14. Do you have a rental subsidy now?

☐ Yes ☐ No

(Add drop down list of potential subsidy types)

a. If "yes" what type:

- ☐ Section 8 program
- ☐ MRVP program
- ☐ AHVP program
- ☐ Other:

### 15. Do you have difficulty getting or keeping permanent housing for any of the following reasons? (Please check all that apply)

- ☐ need for accessible unit
- ☐ refugee or immigration status
- ☐ criminal record
- ☐ income
- ☐ employment status
- ☐ credit history
- ☐ landlord references
- ☐ eviction from housing
- ☐ discrimination
- ☐ other: \_\_\_\_\_

## REASONS FOR HOUSING SEARCH

16. Why do you think you need to leave or why do you want to leave where you are currently living? (Check all that apply.)

- a. ☐ You are dealing with some type of eviction activity

If "Checked," why? \_\_\_\_\_

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### *Common Reasonable Accommodation Requests and Legal Services*

- ☐ You were told by your landlord that you are being evicted.

If "Checked," why? \_\_\_\_\_

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- ☐ You received a letter or notice from your landlord or someone else stating that you were being evicted or had to leave.

If "Checked," do you have the letter or notice?

☐ Yes

☐ No

Did you go to housing court regarding the eviction?

☐ Yes

☐ No

- b. ☐ You can't afford to stay where you are currently living.

### *See resource list: Assistance with Rent and Utilities*

- c. ☐ You need a larger or smaller home/apartment.

Check the size that you need:

☐ Studio

☐ One bedroom

☐ Two bedroom

☐ Three bedroom

☐ Four bedroom

☐ Single Room Occupancy (SRO)

☐ Other: \_\_\_\_\_

## REASONS FOR HOUSING SEARCH (Continued)

- d. ☐ Your apartment or building is not being taken care of properly by the owner/manager.
  - ☐ You are unable to properly take care of your apartment.
- e. ☐ Your apartment has become uninhabitable for you or another household member due to a disability.
- f. ☐ You need a reasonable accommodation/reasonable modification as a result of a disability and it has been denied.

***See resource list: Common Reasonable Accommodation Requests and Legal Services***

- g. ☐ Your home/apartment/building is not accessible.

If "Checked," why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- h. ☐ You need services that are currently available in your area.

If "checked," what services do you need that you do not have now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***See resource list: Regional Service Providers***

- i. ☐ You need to live closer to your place of employment or to family/other supports
- j. ☐ You refused services offered by a landlord or case manager in your building.
- k. ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## REASONS FOR HOUSING SEARCH (Continued)

Below are some examples of accessibility features. Please check whether you currently have this feature and whether you need it. (Please check all that apply.) You may require other accessibility features that are not listed here. If you do require one of the features listed below or another type of feature you should talk to your land lord/property manager about this subject. To know your rights when requesting accessibility features please call one of the legal service agencies listed in the accompanying resource guide.

<u>Currently Have</u>	<u>Need</u>
_____	_____ 1st floor apartment
_____	_____ no step entry or entrance ramp
_____	_____ no stairs inside apartment and common areas
_____	_____ accessible appliances
_____	_____ accessible bathroom (including handrails, sink, toilet, etc.)
_____	_____ accessible kitchen (including sink, counter, cabinets, etc.)
_____	_____ roll-in shower
_____	_____ air controlled living space with ventilation
_____	_____ automatic door opener
_____	_____ curb cuts for home and neighborhood
_____	_____ widened doorways
_____	_____ environmental control unit
_____	_____ individually controlled water temperature
_____	_____ contrasting colors on walls, doors and floors
_____	_____ doorbell light
_____	_____ enhanced indoor lighting
_____	_____ lighted hallways
_____	_____ lighted paths to entrance
_____	_____ visual fire/smoke alert
_____	_____ mold resistant
_____	_____ latex free environment
_____	_____ memory prompts
_____	_____ prompts in the design of kitchen space and bathroom space

_____	_____ accommodations for service animal
_____	_____ Computer access [note—what is electronic documentation?]
_____	_____ Other (Please describe) _____
	_____
	_____

## HOUSING NEEDS AND PREFERENCES

**17. Are there certain cities or towns in which you would prefer to live? Please list three:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**18. How many bedrooms do you need?** \_\_\_\_\_

**Do you need housing where smoking is PERMITTED / PROHIBITED (circle one) inside your unit/home?**

**19. Do you have a pet?** (Note: Some owners/management companies have policies preventing residents from having certain types of pets or from having a pet at all. Assistance animals are not considered pets, and are not under the same rules and regulations as pets.) ☐ **Yes** ☐ **No**

**20. There are different housing preferences. Please check all that you would consider:**

- a. ☐ living in an apartment alone
- b. ☐ living in an apartment with only other members of your household
- c. ☐ living in an apartment with a roommate
- d. ☐ living in a congregate setting where you have your own room but share a bathroom, kitchen, living room and dining room with others
- e. ☐ living in a congregate setting where you have your own room and bathroom but share a kitchen, living room and dining room with others
- f. ☐ living in a home with another family who may provide you with some service(s) such as transportation
- g. ☐ accepting services as a requirement of your lease

**21. There are types of housing for people with specific needs. Are any of these the types of housing which you feel you need? (Check all that apply.)**

- a. ☐ sober housing
- b. ☐ AIDS/HIV housing
- c. ☐ housing that has a case manager who will help you find agencies that provide services
- d. ☐ housing providing services that you need to live independently
- e. ☐ housing that has a meals program on site

## REFERENCES

List both traditional and non-traditional references. If possible, try to list at least one traditional reference. A traditional reference includes a current/past employer, volunteer supervisor, class teacher, etc. A non-traditional reference includes a friend, supervisor from a program in which you participate, family member, etc.

### **Reference #1**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_

### **Reference #2**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_

### **Reference #3**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
\_\_\_\_\_