# Housing Search Needs and Preferences Assessment

*Note on Form Purpose and Use: This form is used by a qualified Housing Search Entity during an initial interview with an Enrollee. The form assesses housing specific preferences and needs as well as potential barriers to housing access. This information will be used to help plan a housing search. A copy will be provided to the Enrollee and his/her Case Manager, as appropriate, and Housing Programs Coordinator.*

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

Enrollee Date of Birth (M/D/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: MA Zip Code: \_\_\_\_\_\_\_\_\_\_

Today’s Date (M/D/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Search Entity Name and Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Preferred Setting

### Regional Preference

[x]  Greater Boston (Suffolk and parts of Middlesex and Norfolk Counties)

[ ]  Northern (Essex and part of Middlesex Counties)

[ ]  Southern (Plymouth, Bristol, Barnstable, Dukes, Nantucket, and part of Norfolk County)

[ ]  Central (Worcester county)

[ ]  West (Franklin, Hampshire, Hampden, and Berkshire Counties)

### Neighborhood Type Preferences

[ ]  Urban

[ ]  Suburban

[ ]  Rural

### Town Preference and/or Zip Code (please name additional preferences below)

1st Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other comments regarding desired housing setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Location

### During the housing search, the housing search entity will work to find housing which meets as many as your requirements as possible. This information is provided to assist in doing that; however, please remember that housing is a limited resource and housing near all your preferences may not be possible.

### Public Transportation Preferences

Do you require access to public transportation? Yes/No

If yes, do you have any preferences that housing be near:

A specific bus route(s):

A specific subway/train route:

Within paratransit catchment area (please list):

### “Walk to” Preferences

[ ]  Grocery/Food Store

[ ]  Laundry

[ ]  Health Clinic

[ ]  Pharmacy

[ ]  Bank

[ ]  Other (please specify):      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Unit Size Information

[ ]  Studio or Efficiency Unit

[ ]  1 Bedroom

[ ]  2 Bedrooms

[ ]  2+ Bedrooms

[ ]  Other (please specify):

I would like to live with:

[ ]  Live-in Aide

[ ]  Live with Child(ren) If yes, is there a specific school district you would like to stay in:

[ ]  Live with Other

[ ]  Other (please specify):

## Type of Housing

[ ]  Small scale multi-family

[ ]  Large apartment complex

[ ]  Housing with on-site services (such as meals, VNA on-site)

[ ]  Open to all housing types

## Floor of Unit

[ ]  Ground floor

[ ]  Higher floor

[ ]  No preference

## Accessibility Features Needed

[ ]  Elevator

[ ]  No stop, ramped, or flat entry

[ ]  Design for wheelchair use

[ ]  Features for low-vision or blind

[ ]  Features for Auditory Needs (speaking or loud alarms, flashing smoke detectors and doorbells)

[ ]  Automatic door open or electronic key cards

[ ]  Roll-in shower

[ ]  Service animal

[ ]  Require additional bedroom for medical equipment

[ ]  Other (please specify):

Other Comments: \_

## Amenities

[ ]  Laundry in Building

[ ]  Pets Allowed

[ ]  Off-street Parking

[ ]  Bath/Shower

[ ]  Shower Only

[ ]  Building Security On Site

[ ]  Air Conditioning

[ ]  Allow smoking in building

[ ]  DO NOT allow smoking in building

[ ]  Other (please specify):

### Landlord/Property Manager on Site

[ ]  Yes

[ ]  No

### Setting Provides Meals

[ ]  Yes

[ ]  No

### Setting Provides Planned Activities

[ ]  Yes

[ ]  No

## Barriers to Housing Access

[ ]  Any criminal history (will appear on Criminal Offense Record Inquiry)

[ ]  Any outstanding court involvement issue such as warrant or unresolved court appointment

[ ]  Eviction in history (will appear on credit report)

[ ]  Housing court involvement

[ ]  Past due accounts with utilities (will appear on credit report)

[ ]  No experience as lease holder for rental housing.

[ ]  No ability to document any rental history

[ ]  Poor credit history (will appear on credit report)

[ ]  Requires 3 or more bedrooms

[ ]  History of destruction of property

[ ]  Significant need for tenancy readiness coaching and supports

[ ]  Previous behavior in subsidized housing including eviction, unpaid debts, fraud

Comments: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## Housing History

[ ]  Has history of name on rental lease.

[ ]  Has documentation to prove rental history (old leases, landlord contacts)

[ ]  Has documentation to prove past residency in community of interest today.

[ ]  Has previously had a housing subsidy. If yes, where and when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  Has previous military service

[ ]  Homeless prior to entering the facility. If yes, please describe: *\_*

Additional comments on housing history: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Possible Housing References:

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## Long Term Waiting List Applications

[ ]  Yes – apply to long term waiting lists to open options in the future

[ ]  No – only focus on the immediate need for housing

Is your name on other housing waiting lists? If yes, please list:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously applied for group home options or rest homes?

##

## Top Priorities

When finding housing, it is not usually possible for all preferences to be met. The ideal setting is a match between available options and the most critical priorities. Is there anything is very important to you to have or not have in housing?(please list)

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## Comments and Notes

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