

Homelessness Prevention Assessment Form

Personal Information

First Name

Last Name

Date of Birth

Phone Number

Email

Current Address

Household Information

Household Size

Household Member Names, Ages, and Relationship

Housing Situation

Describe your current housing situation

What factors are putting you at risk of homelessness?

Have you received an eviction notice?

If yes, date of eviction

Income & Employment

Employment Status

Monthly Income

Sources of Income

Assistance Needs

What type of help are you seeking?

Other services you are interested in

Additional Information

Is there anything else you would like us to know?