

# HLT Housing Needs Form

The Housing Locator Team will do everything they can to match your client to the right home. To submit this information to HLT, visit [www.hlthousingneeds.com](http://www.hlthousingneeds.com) and enter all data collected on this form.

**\* Required**

Case Manager's Email address \* \_\_\_\_\_

Program Type:    RRH        PSH

Client or Head of Household's HMIS ID Number \* \_\_\_\_\_

## SECTION 1 - AGENCY CONTACT INFORMATION

Case Manager (CM) or Housing Specialist (HS) working with Client \* \_\_\_\_\_

Agency Name \* \_\_\_\_\_

CM/HS Contact Number \* \_\_\_\_\_

## SECTION 2 - CLIENT INFORMATION

### Household Type \*

- Individual
- Individual with Adult Partner/Friend who is also program eligible and has assigned CM (shared housing)
- Individual with Adult Partner who is not an eligible program participant
- Family

How many adults over the age of 18? \* \_\_\_\_\_

How many children under the age of 18? \_\_\_\_\_

Are children the same gender? \_\_\_\_\_

Will there be a live-in caregiver?

- Yes    No

Does Household currently have income? \*

Yes        No        If client has income, how much is received per month:\$ \_\_\_\_\_

**Does the client have an active Section 8 voucher? \***

- Yes  No

**If in SSVF, is the client enrolled in HUD VASH?**

- Yes  No

**Is this client looking for Rehousing after losing a previous unit in the program?**

- Yes  No

**If yes, did the client choose to leave or were they served an official notice?**

- The client chose to leave due to circumstances  
 The client was served an official notice and was made to leave  
 Other: \_\_\_\_\_

**Would this client be interested in Shared Housing opportunities? (Having roommates in a home with other eligible program participants)**

- Yes  No  Maybe, more info needed

## SECTION 3 – HOUSING NEEDS

**Unit Size \***

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 1 Bedroom   | <input type="checkbox"/> Single Room Occupancy (SRO)    |
| <input type="checkbox"/> 2 Bedrooms  | <input type="checkbox"/> Studio                         |
| <input type="checkbox"/> 3 Bedrooms  | <input type="checkbox"/> Assisted Living Facility (ALF) |
| <input type="checkbox"/> 4+ Bedrooms | <input type="checkbox"/> Efficiency                     |

**County of Preference**

Please select all counties the client would be interested in. If a specific area is preferred in a county, select the County and specify zip code or area under *Other*.

- |   |  |
|---|--|
| <input type="checkbox"/> Orange County  | <input type="checkbox"/> Seminole County |
| <input type="checkbox"/> Osceola County | <input type="checkbox"/> Other: _____    |
-

### Amenities needed by household

Check all that apply, limit to those required

- Wheelchair Accessible
- Pet friendly
- Smoking allowed
- One level (no stairs)
- Other:

**Accessibility Notes:** (Please do not list client identifiable information) \_\_\_\_\_

\_\_\_\_\_

Does household have a service animal(s)?  Yes  No

If yes, does the animal(s) have the required ESA or ADA Certification and Documentation?

- Yes  No

Does the household have a pet(s) that are not service animals? \*

- Yes  No  If yes, how many total pets? \_\_\_\_\_

If yes, what type of pets and how many of each? \_\_\_\_\_

\_\_\_\_\_

If a dog(s), what is the breed (whether full or mixed breed) and approximate weight? \_\_\_\_\_

\_\_\_\_\_

### SECTION 4 – EVICTION AND CRIMINAL HISTORY

If known, what is Client's credit score or range: \_\_\_\_\_

Excellent	Good	Fair	Poor	Bad	No Credit	Unknown
750 +	700-749	650-699	550-649	550 or less	0	

