

HOUSING ASSESSMENT - FAMILIES

Calgary HMIS

This form is to be completed when a client is housed or re-housed.

ASSESSMENT INFORMATION				
Client Name:	HMIS ID #:	Date of Assessment:		
HOUSING INFORMATION DETAILS				
Reason for Housing: <input type="checkbox"/> New Housing <input type="checkbox"/> Rehousing Due to Eviction <input type="checkbox"/> Rehousing Due to Family Reunification				
<input type="checkbox"/> Rehousing of Graduate/Exited Client Returning to Program <input type="checkbox"/> Re-Housing Due to Non-Renewal of Lease				
<input type="checkbox"/> Client Choice <input type="checkbox"/> Remained in Unit Obtained Prior to Transfer <input type="checkbox"/> New Housing Due to Transfer				
If "Rehousing Due to Eviction", please specify the primary reason for eviction:				
<input type="checkbox"/> Guest Management <input type="checkbox"/> Rental Arrears <input type="checkbox"/> Utilities Arrears <input type="checkbox"/> Property Damage <input type="checkbox"/> Illegal Activity in the Unit				
<input type="checkbox"/> Other (please specify): _____				
MOVE-OUT DETAILS				
Date of Move-Out:	Reason: <input type="checkbox"/> Eviction <input type="checkbox"/> Client Choice <input type="checkbox"/> Family Reunification <input type="checkbox"/> Medical <input type="checkbox"/> Non-Renewal of Lease			
	<input type="checkbox"/> Other (Please Specify): _____			
Is there any damage to the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", what is the amount of damage paid by the agency? \$ _____		
General Comments:				
MOVE-IN DETAILS				
Date of Move-In:	Type of Unit: <input type="checkbox"/> Interim Housing <input type="checkbox"/> Market Housing <input type="checkbox"/> Non-Market Housing <input type="checkbox"/> Supported Housing			
Building Name		Unit Number	Address	
City	Province	Postal Code	Lease Terms (Months)	Is this Unit Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
UTILITIES				
Which of the following are included in rent? (Check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Cable <input type="checkbox"/> Internet				
<input type="checkbox"/> All Except Internet <input type="checkbox"/> Phone <input type="checkbox"/> None				

RENT DETAILS

What is the total amount of monthly rent due? \$_____

What is the estimated total amount of monthly rent paid by the Agency Rental Subsidy? \$_____

Was there a damage deposit? Yes No If "Yes", what was the amount? \$_____

What was the damage deposit amount paid by: Agency: \$_____ Client: \$_____ 3rd Party: \$_____

Who paid first month's rent? Agency: \$_____ Client: \$_____ 3rd Party: \$_____

LANDLORD INFORMATION

Landlord Name	Phone Number	Primary Contact Name	Phone Number
Rent Payable To	Suite/Unit Number	Address	
City	Province	Postal Code	

General Notes/Comments: