

Date _____ Staff/Volunteer _____ HHID/HMIS: _____ New Previous

Household Information

Head of Household: _____

Last Name

First Name

MI

DOB

Age

SSN (optional)

Primary Race

Secondary Race

Hispanic (Y/N)?

Gender

Marital Status

Disability Status

Telephone Number _____ Text?
(Type)

Secondary Phone Number _____ Text?

Email _____

Additional Household Members:

Total Adults: _____ Total Children: _____

Last, First, MI	Relationship	DOB	Age	Race	Hispanic?	Gender	Disabled

Street Address:

Apartment House
Mobile/Manufactured

Check all that apply:

JCC WB City York County Mortgage
Lease Informal Agreement No Agreement
In the last 3 years, experienced: homelessness eviction
Survived DV Served in Military

Living Situation: Length of Residence _____ Number of times legally evicted in last 5 years _____

Is paid for by (check all that apply): Self Voucher/Subsidy Family/Friend Other

Moved to avoid eviction? Yes No Are you currently facing eviction? Yes No

Pay or Quit Court Date _____ Eviction Date _____

Total Number of Moves in the past 3 years: _____ Require a school change? Yes No N/A

Total Number of Moves in the past 12 months: _____ Require a school change? Yes No N/A

Financial Information

Wages:**Head of Household:**

Employer

FT PT Seasonal \$_____/hr./week/month _____
Wages Hours per week

Other Household Member:

Employer

FT PT Seasonal \$_____/hr./week/month _____
Wages Hours per week

Other Household Member:

Employer

FT PT Seasonal \$_____/hr./week/month _____
Wages Hours per week

COVID 19: Change in employment status Job loss Loss in wages

Unearned Income and Benefits: (enter monthly amounts)

	Head of Household	Other Household Member	Other Household Member
Social Security Benefits (All types)			
Veteran's Disability			
Other Disability/Worker's Comp			
TANF/WIC			
Pension/Retirement			
Child Support			
Alimony/Spousal Support			
SNAP Benefits			
Other, _____			

TOTAL HOUSEHOLD MONTHLY INCOME: _____

***Must provide proof of income (pay stubs, award letters, bank statements)**

Area Median Income

	1	2	3	4	5	6	7	8
30%	\$17,750	\$20,300	\$22,850	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660
50%	\$29,600	\$33,800	\$38,050	\$42,250	\$45,650	\$49,050	\$52,400	\$55,800
80%	\$47,350	\$54,100	\$60,850	\$67,600	\$73,050	\$78,450	\$83,850	\$89,250

Over 80%

Household Expenses and Identified Needs

Housing:

Mortgage/Rent _____	Lot Rent _____	Rental Fees _____
Electricity _____	Fuel/Oil _____	Propane/Natural Gas _____
Water _____	Sewer _____	Trash _____

Total Household Expenses: _____

Housing Cost Burden (Total Household Expense/Total Monthly Income): _____ %

Are any of these expenses past due? How much? Other Notes:

Basic Needs:

Food _____	Medications _____	Health Insurance/Co-pays _____
Laundry _____		

Are you unable to pay for any of these expenses? Resources, referrals, and other notes:

Other Monthly Expenses:

Bus Tickets/Gas _____	Car Payment _____	Car Insurance _____
Childcare _____	Cell Phone _____	Cable/Internet/Phone _____
Furniture/Storage _____	Credit Cards _____	Other Loans _____
Barber/Beauty/Hygiene _____	Cigarettes/Alcohol _____	Pet Food/Supplies _____
Other Expenses _____	Other Expenses _____	Other Expenses _____

Assistance from Virginia's Rent Relief Program:

Never Applied	Application Pending	Application Denied	Referred to RRP
Approved/Received	Exceeded RRP Max.	Moved since App.	

Are there any expenses that you can decrease? Resources, referrals, and other notes:

TOTAL HOUSEHOLD MONTHLY EXPENSES: _____

***Must provide proof of need (bills, invoices, ledgers)**