



Massachusetts Department of Housing and Community Development  
 100 Cambridge Street, Suite 300, Boston, MA 02114

**HomeBASE**  
**Prevention Assessment Form**

Name \_\_\_\_\_ SS# \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

If you are employed, what city do you work in \_\_\_\_\_

**Please check all that apply to you**

- |                                                  |                                                |                                            |
|--------------------------------------------------|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Family                  | <input type="checkbox"/> Rental Property Owner | <input type="checkbox"/> Home Owner        |
| <input type="checkbox"/> Individual (live alone) | <input type="checkbox"/> Homeless              | <input type="checkbox"/> Advocate / Agency |
| <input type="checkbox"/> Tenant                  | <input type="checkbox"/> Homebuyer             | <input type="checkbox"/> Other             |

**What do you need assistance with? (check all that apply)**

- |                                                                                                                    |                                                         |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Affordable Housing Search (includes affordable housing listings, subsidies, how-to, etc.) | <input type="checkbox"/> Utilities                      |
| <input type="checkbox"/> Eviction                                                                                  | <input type="checkbox"/> Landlord problems or questions |
| <input type="checkbox"/> Unsafe Housing (code violations, safety, etc.)                                            | <input type="checkbox"/> Mortgage (foreclosure)         |
| <input type="checkbox"/> Homeownership (classes, buying,)                                                          | <input type="checkbox"/> Discrimination/Fair Housing    |
| <input type="checkbox"/> Homelessness (list of shelters, resources)                                                |                                                         |
| <input type="checkbox"/> Housing need due to Domestic Violence                                                     |                                                         |

Explain the above checked or describe other housing needs or questions \_\_\_\_\_

**Please complete the following information.**

Are you homeless now? Yes \_\_\_ No \_\_\_ If so where did you sleep last night? \_\_\_\_\_

Primary Source of Income \_\_\_\_\_ Primary Language \_\_\_\_\_ Date of Birth \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ Food Stamp Income \_\_\_\_\_ Monthly Rent or Mortgage Expenses: \$ \_\_\_\_\_  
 (Include **all** family members' income) (do not include phone/cable)

Total Monthly Utilities: \$ \_\_\_\_\_  
 (gas/oil/electric)

Do you expect your income to increase? Yes \_\_\_ No \_\_\_ If yes, how and when? \_\_\_\_\_

Have you been employed in the past 5 years? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

List total of any checking or savings accounts, stocks, etc.) \$ \_\_\_\_\_

Number of **Adults** in your household: \_\_\_\_\_ Number of **Dependents** in your household and ages: \_\_\_\_\_  
 (If pregnant list baby as a "Dependent")

Is anyone disabled in your household? Yes \_\_\_ No \_\_\_



**Staff Only**

Staff Name \_\_\_\_\_ Date of Review \_\_\_\_\_

Other information collected \_\_\_\_\_

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