

Zanesville Citizens' Housing Connection

Client Intake Form

Please complete the following questions that will enable the Zanesville Citizens Housing Connection (“ZCHC”) to help you reach your goals and provide appropriate referrals to other services that can assist with your needs. If you need help, a community outreach worker will assist you, but you remain responsible for providing accurate information to these questions. Name of ZCHC member:
Date of contact: How did the Neighbor contact you?

Contact & Personal Information

Name:		Date:	
Street Address:		City:	
Apt:	Zip Code:	County:	
Cell #:	May we contact you by text message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home #:	Work #:
Alternative Phone #:		Email:	
Age:	DOB:	Gender Identity:	
Race:	Ethnicity:	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total # of people in household:		# of people in household under 18:	
Is anyone in the household pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are there any infants in HH ages 0-12 months old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of Origin:		Resident Status: <input type="checkbox"/> US Citizen Lawful <input type="checkbox"/> Resident Alien	

Returning Citizens Information

Have you been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, please skip to the next section)</i>	Name of institution:	Release type:
Release date:	Name of Caseworker:	
Do you have family members or friends that you expect to continue helping you with reentry (yes/no)? What kinds of help do you expect to receive from family members? (describe below)		

Assistance You May Want (Check All That Apply)

Employment: <input type="checkbox"/> Finding employment <input type="checkbox"/> Resume Writing <input type="checkbox"/> Interviewing Skills <input type="checkbox"/> Other If other, please explain:
Medical: <input type="checkbox"/> Mental Health Referral <input type="checkbox"/> Substance Abuse Counseling <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Other If other medical, please explain:
Housing <input type="checkbox"/> Emergency Rent Relief <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Repairs/Safety <input type="checkbox"/> Other If other housing, please explain:
Other: <input type="checkbox"/> State ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Clothing <input type="checkbox"/> Personal Hygiene Items <input type="checkbox"/> Food <input type="checkbox"/> Other If other, please explain:

Income Information for All Adults in Household

Employer	Gross Income (before taxes)	Hours Per Week	Frequency (Weekly, Every Other Week, Two Times Per Month, Monthly)
Other Income Types	Doe Household Receive This?	Who Receives It	How Much Per Month
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TANF/Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Renter Housing Information

Length of stay in household:		Date Lease Ends:	
Monthly Rent: \$	Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Deposit Amount: \$	
Housing Type: <input type="checkbox"/> Private Landlord <input type="checkbox"/> Low-Income Required <input type="checkbox"/> Section 8 <input type="checkbox"/> CMHA <input type="checkbox"/> CHN <input type="checkbox"/> NCR <input type="checkbox"/> CPO <input type="checkbox"/> Veteran			
Landlord Name:		Property Name:	
Landlord Phone #:		Landlord Email:	

Eviction Information

Case Number:		Date you Received Court Papers:	
Next Court Date:		Have you contacted Legal Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Council or Mediation Date:	Mediator Name:	Mediation Location:	
Have you Submitted Anything to the Court? What?			
Landlord Attorney Name:		Landlord Attorney Phone #:	
Landlord Attorney Email:			
Reason Landlord Claims for Eviction: <input type="checkbox"/> Late Rent <input type="checkbox"/> Other <input type="checkbox"/> Both Rent & Other <input type="checkbox"/> NA			
If other, please describe:			
Amount Landlord Claims is Owed : \$		Unpaid Utilities: \$	
Late Fees: \$	Court/Legal Fees: \$	Total Due: \$	
Are you still living on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, were keys returned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is emergency rent needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tenant preferred solution proposed by tenant: <input type="checkbox"/> Pay and Stay <input type="checkbox"/> Move If so, by when			

From tenant's perspective, brief description of problem behaviors by landlord and their effects on tenant, as well as what tenant proposes to give and get to resolve the problems:

Any indications by the landlord of: Threats/Violent Drug/Alcohol Abuse Mental health Concerns

If so, please explain here:

Prior attempts to resolve by the tenant:

Contributing factors to eviction:

Job Loss Work Hours Reduced Low FT Wages Public Benefits Reduced
 Wage Income Reduced Medical Condition Mental Illness Transportation Problem
 Family Member Illness Debt/Budget/Credit Management Problems Child Care Problem
 COVID 19
 Other (describe)

Caseworker Conclusions

Is emergency assistant needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, with what organization?
If yes, has it been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact person & phone number:
What is the application status? <input type="checkbox"/> Not yet complete <input type="checkbox"/> Application submitted, not yet approved <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Payments to stay? (If future rent will be coming due, note how those payments will be addressed in the payment plan):	
Amount: \$	Date:
Amount: \$	Date:
Amount: \$	Date:
Amount: \$	Date:
Amount: \$	Date:
Amount: \$	Date:
Delivery process for payments?	
Will landlord accept PRC, FEMA, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	