Dane County parent Council, Inc.



Housing Needs Interview

Parent(s):		
Staff:	Date:	
List the names and birthdates of all adults who will	oo living with you	
List the names and pirthdates of an addits who will h	oe noing with you.	
I the state of the	H. L. B. Dan and Abana	
List the names and birthdates of all children who wi	il be living with you.	
How many bedrooms do you need?		
·		
Current Address:	Current Phone:	
Describe your current living cityation? Include the	mount of time you have been living at this location	
Describe your current living situation? Include the amount of time you have been living at this location.		
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If you are not currently homeless, how much longer are you able to stay in your current housing?		
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How did you become homeless this time? How long have you been homeless?		
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Have you been homeless at any other time in the last five years? No Yes	1
If so, please describe the situation(s) and provide dates.	•
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	+ <u>-</u>
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Do you have any evictions in the last five years? No Yes	
If so, describe each one, including dates, landlords and circumstances.	
11 30, describe each one, including dates, landiords and encumstances.	
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Do you currently owe money to any landlords? No Yes	
If so, describe:	
Whom do you owe? How much do you owe? Do you have a payment plan? Are	you up to date on payments?
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Do you currently owe money to any utilities? No Yes	
If so, describe:	ļ
Whom do you owe? How much do you owe? Do you have a payment plan? Are	vou un to date on navments?
The state of the s	you up to date on payments:
•	•
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Have you ever been convicted of a felony or do you have any pending felony cl	narges? No Yes
If yes, describe.	ļ
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Are you currently employed? No Yes	(Describe on Employment History Chart.)
List the amount and source of any income other than y	our current employment.
·	
Are you currently enrolled in school? No Yes (i.e. High If so, describe.	th School, GED, HSED, CAN, College)
	·
Have you applied for public or subsidized housing? No If yes, describe.	Yes
1500	
Have you received EAP grant funds for rent within the la If yes, when:	est 3 years? No Yes
Have you received furniture from St. Vincent De Paul wi	thin the last 3 years? No Yes
If yes, when:	
Do you have a vehicle that will require parking? No Ye	es
Please list license number: Do you have proof of insurance:	:
by you have proof of mountainee.	:

It is important to have copies of the following information:

- Copy of MA cards for all adults and children
- Copy of Social Security cards for all adults and children
- Copy of Birth Certificates for all adults and children
- Copy of your current rental lease
- Copy of your Credit score

Housing Goals

What supports do you th	ink you will need t	to find housing?		·	
THICK Supports do you til	iiik you win need t	to mad nousing:			
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What support do you thir	nk you will need to	maintain hous	ing once you	have found it?	
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What are your short and I	long term goals re	garding finding	and maintain	ing housing?	
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Housing History

(Start with most recent housing. Attach additional pages if needed):

Address:	Start Date:
Landlord Name:	End Date:
Landlord Address:	Landlord Phone #:
	-
Reason for Leaving:	Amount of Rent:
<u> </u>	
Address:	Start Date:
Landlord Name:	End Date:
Landlord Address:	Landlord Phone #:
Reason for Leaving:	Amount of Rent:
Address:	Start Date:
Landlord Name:	End Date:
Landlord Address:	Landlord Phone #:
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Reason for Leaving:	Amount of Rent:
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Address:	es.	Start Date:
		,
Landlord Name:	-	End Date:
Landlord Address:		Landlord Phone #:
	•	
Reason for Leaving:		Amount of Rent:
	-	
Address:		Start Date:
Landlord Name:		End Date:
Landlord Address:		Landlord Phone #:
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Reason for Leaving:		Amount of Rent:
	:	
	<u> </u>	
<u>:</u>		
Address:		Start Date:
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Landlord Name:		End Date:
Landlord Address:	•	Landlord Phone #:
•		
	-	
Reason for Leaving:		Amount of Rent:

Employment History

(Start with current or most recent employment. Add additional pages if needed.):

	_
Employer:	Start Date:
	·
Job Title:	End Date:
Lob Desponsibilities:	Pate of Paul
Job Responsibilities:	Rate of Pay:
Reason for Leaving:	# of Hours per
	Week:
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	•
Employer:	Start Date:
• •	
Job Title:	End Date:
Job Responsibilities:	Rate of Pay:
Reason for Leaving:	# of Hours per
	Week:
	· · ·
Employer:	Start Date:
Lindioyer.	Start Date.
Job Title:	End Date:
job rac.	Life Date.
·	•
Job Responsibilities:	Rate of Pay:
	}
Reason for Leaving:	# of Hours per
vegoni ini regaliik.	I
	Week:

Employer:	*	Start Date:
Employer.	<u>.</u>	Start Date:
-	and the second s	
Job Title:		End Date:
	*	
Job Responsibilities:		Data of Davis
son responsibilities.		Rate of Pay:
Reason for Leaving:		# of Hours per
nedson for Leaving.		Week:
		vveek.
		· · · · · .
Employer:		Start Date:
Job Title:		F1D-1
Job Title.		End Date:
Job Responsibilities:		Rate of Pay:
Reason for Leaving:		# of Hours per
		Week:
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;		: .
Employer:		Start Date:
Job Title:		End Date:
:		:
Job Responsibilities:		Rate of Pay:
Reason for Leaving:		# of Hours per
		Week:
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