



Housing Navigator Intake Form

Date: _____
Name: _____
Mailing Address: _____
Phone Number: _____ Email Address: _____
Household size? Adults _____ Children: _____
Current housing status:
_____ homeless _____ staying with friend / family _____ renting
If renting, address: _____
Rent: \$ _____ Unit size: _____ Household income: _____

Are you:

- _____ Experiencing homelessness
- _____ At risk of experiencing homelessness
- _____ Fleeing, or attempting to flee: domestic violence, dating violence, sexual assault, stalking or human trafficking
- _____ At high risk of housing instability
- _____ Needing mediator between tenant(s) and landlord
- _____ Needing assistance communicating with landlord
- _____ Other (explain) _____

Have you applied for:

- _____ Public housing
- _____ Other rental (explain) _____

Is there a disability-related need? _____

Have transportation? _____

Community preference? (i.e. children in school, job) _____

Any additional needs / barriers: i.e. case manager, substance use treatment, food, medical, mental health, other programs, unemployed, literacy, criminal background (letter confirming treatment / case management)?

Notes: _____

*The information provided on this form is confidential and will not be disclosed to anyone except as permitted.

Client Signature

Date