

First M.I. Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

**THIS SECTION FOR APPLICANT:**

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

**THIS SECTION FOR WAITLIST ADMINISTRATOR:**

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)

**HousingWorks**

**P.O. Box 231104**

**Boston, MA 02123**

**617-536-8561 fax**

☐ This waitlist is closed. The only waitlists open at present are:

\_\_\_\_\_  
\_\_\_\_\_

☐ This is not the right application. We have enclosed the correct application.

☐ You do not appear to qualify for this property, because: \_\_\_\_\_

Name of Waitlist Administrator *optional* \_\_\_\_\_

Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

**Date Time Received.** Application will be stamped to show when it was received:



## **Housing & Consumer Education Center**

*Help with Homelessness and Eviction Prevention*

### **Walk-in Hours:**

Tuesdays & Fridays: 9:00 am – 11:00 am  
RCAP Solutions Worcester Office:  
191 May Street, lower level, Worcester

---

**RCAP Solutions' Housing Consumer Education Center (HCEC) offers Housing Counseling and RAFT Screening Walk-In Hours at Montachusett Opportunity Council (MOC) in Fitchburg.**

**When:** Every 4<sup>th</sup> Thursday of every month

**Where:** MOC, 49 Nursery Lane, 2nd Floor, Fitchburg, MA

**Time:** 9:00 am - 11:00 am | First Come, First Served

This Intake form was downloaded at <http://bit.ly/HCECintake>

and can be faxed to 508-365-6008 or emailed to [hcec@rcapsolutions.org](mailto:hcec@rcapsolutions.org) to set up an appointment

### **Rental Assistance Hours of Operation:**

Monday, Wednesday & Friday  
8:30AM to 4:30PM

Tuesday and Thursday by appointment only  
**Closed 12:00 to 1:00PM for lunch**

## HCEC INTAKE FACESHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dependents ☐

No Dependents ☐

**Crisis:** Please check one of the following

- ☐ Owe back rent-no notice yet
- ☐ 14 Day Notice
- ☐ 30 Day Notice-no Summary Process
- ☐ Homeless-on the street with children
- ☐ Homeless-on the street without children
- ☐ Eviction-Summary Process
- ☐ Doubled up & need to leave
- ☐ Health & Safety (condemnation order from BOH or Failed Inspection)
- ☐ Letter of intent to foreclose from lender
- ☐ Severe overcrowding
- ☐ Domestic Violence
- ☐ Fire/Flood/Natural Disaster
- ☐ Utility shutoff (If eligible, RAFT assists with only what is needed to avoid homelessness- not entire amount owed)

**Income:** Please check one of the following:

- ☐ I have income
- ☐ I do not have income



**Housing Consumer Education Center (HCEC)  
Intake Form**

Please complete the following preliminary information.

Date: \_\_\_\_\_ Time \_\_\_\_\_

Who referred you/ how did you hear about us? via the HousingWorks.net website

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **MA** Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (Please place a check beside your preferred number.)

Email: \_\_\_\_\_

Would you like to be added to the RCAP tenant list serve? ☐ Yes ☐ No

(You would receive regular emails regarding workshops, upcoming events, and special programs.)

Alternate Contact Name: \_\_\_\_\_

Alternative Contact Phone Number: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Transgender Date of Birth: \_\_\_\_\_

**What brings you here today?** *(please check all that apply)*

**At Risk of Homelessness**

- ☐ I have been denied emergency assistance (EA/shelter)
- ☐ I have a notice to quit
- ☐ I am living doubled-up and have to move out.
- ☐ I owe \$ \_\_\_\_\_ rent and am being evicted.
- ☐ My landlord is being foreclosed upon and I am going to need to move out.
- ☐ My apartment is in poor condition and I am going to have to move out.
- ☐ I am behind on my mortgage. I am \_\_\_\_\_ months behind and I owe \$ \_\_\_\_\_

**Housing Search** *(These are all old issues, but newly categorized)*

- ☐ I need help finding a permanent place to live.
- ☐ I stay in a shelter at night.
- ☐ I live on the street and I need help finding housing
- ☐ I want to talk about how to get a subsidy.

**Fair Housing** *(These are all old issues, but newly categorized)*

- ☐ I feel that I have been discriminated against for housing.
- ☐ I have been denied housing.

**Other** *(continues on next page)*

- ☐ I pay 50% or more of my income to my housing costs
- ☐ I need help making my apartment/ home accessible for a disabled family member.



- ☐ I want to buy a house and would like to learn more about how to do that.  
☐ I need some help to deal with my landlord to get repairs made to my apartment.  
☐ I am behind on utility bills and I have shut off notices.  
☐ I am having issues with my landlord-property management issues.  
☐ I am a landlord having issues with a tenant.  
☐ I'm a victim of domestic violence  
☐ Do you have a subsidy or live in public housing?

Are you working with any other agencies? (please list): \_\_\_\_\_

What is your goal? \_\_\_\_\_

The following questions will help us determine which service(s) will best help you.

What is your preferred language? \_\_\_\_\_

Other languages spoken at home: \_\_\_\_\_

Are you: ☐ Tenant ☐ Homeowner ☐ Homeless ☐ Homebuyer ☐ Advocate/ Agency ☐ Rental

Property Owner ☐ Other (please list): \_\_\_\_\_

Household composition: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Primary caregiver

Number of Adults: \_\_\_\_\_ Number of children: \_\_\_\_\_

Do you have at least one child under 21 living with you? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No

Does anyone in your household have a disability? ☐ Yes ☐ No ☐ Self ☐ Family member

Source(s) of income & benefits: ☐ Wages ☐ TAFDC/EADC ☐ Food Stamps/ WIC ☐ SSI/SSDI

☐ TANF: Trans/ Childcare ☐ Alimony ☐ Unemployment ☐ Child Support ☐ CHIP

☐ Retirement/ Pension ☐ Refugee Stipend ☐ Veterans Benefits ☐ Medicare/Medicaid

☐ No income ☐ Fuel Assistance ☐ Other(please list): \_\_\_\_\_

Monthly Income (gross-before taxes): \$ \_\_\_\_\_

Monthly Rent/Mortgage Payment: \$ \_\_\_\_\_

**Education Level:** ☐ None ☐ Elementary School ☐ High School Diploma/ GED ☐ Vocational School  
☐ College ☐ Post Graduate

**Have you ever served on active duty in the military?** ☐ Yes ☐ No ☐ Not sure

**If yes, which branch?** ☐ Coast Guard ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ National Guard  
☐ Other (please list): \_\_\_\_\_

**Ethnicity:** ☐ Hispanic ☐ Not Hispanic

**Race:** (check all that apply): ☐ American Indian/ Alaskan ☐ Asian ☐ Black/ African American

☐ Native American/ Alaskan Native ☐ White ☐ Chose not to respond

☐ Other (please list): \_\_\_\_\_



\*\*\*\*\*

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact (name of staff person) at (contact number/e-mail).

The Violence Against Women Reauthorization Act of 2005 (VAWA) prohibits denial of assistance to admission to an otherwise qualified participant on the basis that the participant is or has been a victim of domestic violence, dating violence or stalking. Specifically, Section 606 (1) of VAWA adds the following provisions to Section 8 of the U.S. Housing Act of 1937, which lists contract provisions and requirements for the Section 8 Housing Choice Voucher Program:

That the application or participant has been a victim of domestic violence, dating violence, or stalking is not an appropriate reason for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission.

**FOR STAFF USE ONLY**

Client name: \_\_\_\_\_

Name of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Software used: ☐ Octopia ☐ Tracker ☐ CounselorMax ☐ Cornerstone

Client communicates in English: ☐ Fluently ☐ Sufficient for effective communication  
☐ Adequate for basic communication ☐ Very Limited ☐ Speaks No English

Referral To Workshops: \_\_\_\_\_ Referral To Information: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Affordable Housing 101                      | <input type="checkbox"/> Affordable Home Ownership                         |
| <input type="checkbox"/> Avoiding Predatory Lending                  | <input type="checkbox"/> Affordable Rental Housing                         |
| <input type="checkbox"/> Budgeting / Financial Literacy              | <input type="checkbox"/> Apartment/ Housing Search                         |
| <input type="checkbox"/> Credit Repair                               | <input type="checkbox"/> Basic Household Needs (i.e., clothing, furniture) |
| <input type="checkbox"/> Dispute Resolution                          | <input type="checkbox"/> Code Lead Violations                              |
| <input type="checkbox"/> Eviction Process                            | <input type="checkbox"/> Disaster Assistance                               |
| <input type="checkbox"/> Housing Search                              | <input type="checkbox"/> Discrimination/ Fair Housing                      |
| <input type="checkbox"/> Income Maximization                         | <input type="checkbox"/> Employment Assistance                             |
| <input type="checkbox"/> Post Purchase                               | <input type="checkbox"/> Equity Options/ Refinancing                       |
| <input type="checkbox"/> Fair Housing                                | <input type="checkbox"/> Eviction Process                                  |
| <input type="checkbox"/> First Time Home Buyer                       | <input type="checkbox"/> Financing   |
| <input type="checkbox"/> Foreclosure Prevention                      | <input type="checkbox"/> General Housing Information/ Outreach             |
| <input type="checkbox"/> Home Improvement                            | <input type="checkbox"/> Homeless / Shelter Information                    |
| <input type="checkbox"/> Landlord Workshop                           |  |
| <input type="checkbox"/> Lead Based Paint Hazards                    |  |
| <input type="checkbox"/> Utilities                                   |  |
| <input type="checkbox"/> Other: _____                                |  |
| <input type="checkbox"/> <b>Tenant Rights &amp; Responsibilities</b> |  |
| <input type="checkbox"/> Preparation to Purchase                     |  |
| <input type="checkbox"/> Property Management Practices               |  |
| <input type="checkbox"/> Rental Counseling                           |  |
| <input type="checkbox"/> Security Deposit/ Start- Up Costs           |  |
| <input type="checkbox"/> Specialized Housing:                        |  |
| <input type="checkbox"/> Fully Accessible or Partially Accessible    |  |
| <input type="checkbox"/> Utilities                                   |  |
| <input type="checkbox"/> Weatherization                              |  |



<input type="checkbox"/> Advocate/ Vendor	<input type="checkbox"/> Advocacy / Case Management
<input type="checkbox"/> Bank/ Financial Institution	<input type="checkbox"/> Furniture Bank
<input type="checkbox"/> Community Action Agency	<input type="checkbox"/> Leased Housing
<input type="checkbox"/> Credit Counseling	<input type="checkbox"/> Prevention Department
<input type="checkbox"/> DTA Office	<input type="checkbox"/> RAFT
<input type="checkbox"/> Fuel Assistance	<input type="checkbox"/> Weatherization
<input type="checkbox"/> Furniture Bank	<input type="checkbox"/> Website
<input type="checkbox"/> Housing Authority	<input type="checkbox"/> Workshop
<input type="checkbox"/> Housing Court	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Housing Mediator	
<input type="checkbox"/> Legal Services	
<input type="checkbox"/> Legislator	
<input type="checkbox"/> Management Company	
<input type="checkbox"/> Other: _____	

Please list names of agencies/ persons referred to:

Please list names of agency/agencies referred to:

Counselor Notes: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.