

**FLORIDA STATE HOPWA PROGRAM
CLIENT NEEDS ASSESSMENT FOR ASSISTANCE**

Client Name: _____

Date: _____

Employment:

1. Are you now employed? (Y/N) _____
2. Name of Business: _____
3. Address: _____
4. Phone number: _____
5. Your Title/Type of work you do: _____
6. Gross Monthly Income: _____

Unemployment:

1. Are you now unemployed? (Y/N) _____
2. Date of last employment: _____
3. Place of last employment: _____
4. Reason you left your job: _____
5. Your title/type of work you did: _____
6. Are you now able to work? (Y/N) _____ If no, explain: _____
7. Have you been seeking employment? (Y/N) _____ If yes, for how long? _____
8. Are you receiving unemployment assistance? (Y/N) _____ How much? _____/month

Social Security

1. Are you now receiving Social Security Income? (Y/N) _____ If yes, amount \$ _____
2. Have you applied for Social Security? (Y/N) _____
3. When will you receive your first SSI check? _____
4. Have you been denied Social Security? (Y/N) _____
5. If yes, are you appealing? (Y/N) _____ Date of Last Appeal: _____
6. Do you have an appeal hearing date? (Y/N) _____ Hearing date: _____

Housing

1. Are you now homeless? (Y/N) _____
2. If yes, how long have you been homeless? _____ Years _____ Months
3. How many people reside within your household? _____
4. # of adults in your household: _____ What is each adult's relation to you? _____

5. # of children in your household: _____ What is each child's relation to you? _____

6. What is the total income of all other members of your household? (Do not include yourself)
\$ _____

7. Do you live alone? (Y/N) _____ If yes, would you consider shared housing? (Y/N) _____

Financial

1. Do you receive TANF? (Y/N) _____ If yes, monthly amount: \$ _____

2. Do you receive child support? (Y/N) _____ If yes, monthly amount: \$ _____

3. Do you receive food stamps? (Y/N) _____ If yes, monthly amount: \$ _____

4. List **all** other sources of income and amount received per month:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Lines 1 to 4:	\$ _____

Income Limit (Required)

Housing Coordinator has verified applicant meets 80% median income requirement.

(Y/N) _____

I have been informed of the HOPWA guidelines, and understand that I must work with my Housing Coordinator in developing a comprehensive plan to secure and maintain housing stability and enhance financial management. I certify that all information provided in this application is true and correct, and I understand that providing false information will result in immediate termination of HOPWA assistance and possible criminal prosecution.

Client Signature (or legal guardian if client is a minor)

Date

Housing Coordinator Signature

Date