

## Housing Need Assessment Form

Habitat homeownership program requires that potential Habitat homeowner partners are living in conditions that are considered inadequate and unacceptable. Based on your current living environment, you must meet at least one of the housing needs listed below. Please check all needs that apply to your current living situation. Habitat Family Selection committee will verify all claimed housing needs by (1) examination of information provided by the potential family, (2) detailed observations recorded on the interview visit to the family, (3) heating, electric and water bills, (4) house payment or rent payment records, (5) building inspection reports (6) medical service provider statements of medical condition or special housing need, (7) physical inspection and verification of unsound, unsafe and/or substandard living conditions that are not amenable to low cost or simple repair.

### CURRENT HOUSING EVALUATION CHECKLIST

|  |  |                      |                              |
|--|--|----------------------|------------------------------|
| Applicant Name(s):   |  |                      |                              |
| Housing Address:   |  |                      |                              |
| Number of Bedrooms:  |  | Number of Bathrooms: |                              |
| Type of Housing:   | <input type="checkbox"/> Apartment <input type="checkbox"/> House Rental <input type="checkbox"/> Home Owner <input type="checkbox"/> Leasing-to-Own   |                      |                              |
| <b>APPLICANT, CO-APPLICANT, AND OTHER HOUSEHOLD MEMBERS</b>  |  |                      | <b>HFH NWLA<br/>Use Only</b> |
| Review and complete this checklist by checking the relevant information in the column on the left. |  |                      |                              |
| <b>STRUCTURAL HAZARDS</b>  |  |                      | <b>YES</b>                   |
|  |  |                      | <b>NO</b>                    |
| <input type="checkbox"/>   | Cracked or crumbling foundation walls, footings, or posts, or deteriorated or rotting wood foundations or wood posts.  |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Flooring or floor supports which are defective, deteriorated, or of insufficient size to carry imposed loads with safety.  |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Members of walls, partitions, or other vertical supports that split, lean, list, or buckle due to defective materials or deterioration, or are of insufficient size to carry imposed loads with safety.        |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Members or supports of ceilings and roofs, or other horizontal members which sag, split, or buckle due to defective material or deterioration, or are of insufficient size to carry imposed loads with safety. |                      | <input type="checkbox"/>     |
| <b>ELECTRICAL WIRING HAZARDS</b>   |  |                      |                              |
| <input type="checkbox"/>   | Wiring which is inadequately sized for the presently imposed electrical loads.   |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Wiring where, due to improper ground, lack of insulation, or other conditions, short circuits can occur.   |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Damaged, missing, or insufficient electrical convenience outlets, electrical components, or equipment.   |                      | <input type="checkbox"/>     |
| <b>PLUMBING &amp; SEWERAGE HAZARDS</b>   |  |                      |                              |
| <input type="checkbox"/>   | Lack of, or inoperable water closets, lavatories, bathtubs, showers, or other plumbing fixtures as required for occupancy.   |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Lack of hot and/or cold running water to plumbing fixtures.  |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Lack of or inadequate water heating facilities.  |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Plumbing piping and fixtures improperly installed.   |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Plumbing piping and connections which leak, are plugged, or otherwise are inoperative.   |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Plumbing fixtures which are not properly connected to the waste and vent system, or which are cracked, inoperative, or leak.   |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Lack of or inadequate sewage disposal or connection of plumbing fixtures   |                      | <input type="checkbox"/>     |
| <b>MECHANICAL EQUIPMENT HAZARDS</b>  |  |                      |                              |
| <input type="checkbox"/>   | Lack of or inadequate heating facilities.  |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Mechanical equipment with undersized vents or chimneys.  |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Fuel-fired equipment with insufficient combustion air.   |                      | <input type="checkbox"/>     |
| <input type="checkbox"/>   | Mechanical equipment which, because of lack of maintenance or improper installation, constitutes a fire  |                      | <input type="checkbox"/>     |

|  |   |                          |                          |
|--|---|--------------------------|--------------------------|
|  | hazard.   |                          |                          |
| <b>INTERIOR ENVIRONMENT VIOLATIONS</b>                                 |   |                          |                          |
| <input type="checkbox"/>   | Lack of or inadequate ventilation   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Infestation by insects, vermin, rodents, or other pests due to structural cracks and crevices   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Dampness, mold, and mildew in habitable rooms.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Lead paint, asbestos, and other toxic substances  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>SAFETY, HEALTH, AND FIRE PROBLEMS</b>                               |   |                          |                          |
| <input type="checkbox"/>   | Unavoidable dangers/hazards to children   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Uncorrectable barriers to physically challenged family members                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Access to street, yard, parks or playgrounds is hazardous                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Immediate physical environment contains un-removable hazardous or toxic material                | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Lack of or inadequate emergency entrance and exits points from bedrooms or housing unit         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Fire hazard to life or property   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>NOT REPARABLE</b>   |   |                          |                          |
| <input type="checkbox"/>   | Landlord is consistently unwilling to complete necessary repairs.                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Head of household, family and friends are unable to readily repair deficiencies.                | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Repairs cannot be made as documented by building inspectors.                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Repairs require very costly replacements.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Family is unable to undertake magnitude of repairs needed.                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>SIZE OF PRESENT DWELLING (INADEQUATE SPACE &amp; OVERCROWDING )</b> |   |                          |                          |
| <input type="checkbox"/>   | More than three family members share a bedroom. (bedroom number to household size ratio)        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | School-age children of opposite sex share a bedroom   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Child (age 1 or older) and adult share a bedroom  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | There is less than 125 feet square per person   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Eating areas will not accommodate more than 3 persons at a time, with family larger than 5.     | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>TEMPORARY HOUSING</b>   |   |                          |                          |
| <input type="checkbox"/>   | Family has tentative living arrangements with relatives or friends.                             | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Family is living in a transitional housing facility or a motel.                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Family is living in a house that is being condemned, sold, or moved.                            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Family is losing its lease, certificate, or voucher due to uncontrollable circumstances.        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Family is living in car, tent, or homeless.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COST OF HOUSING VERSUS INCOME</b>                                   |   |                          |                          |
| <input type="checkbox"/>   | Family is paying more than 35% of its monthly net income for rent.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Family cannot secure conventional house loans from any source or special programs.              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | 50% gross income from all family members does not cover housing cost (excluding data and phone) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Family has no marketable assets that could be used to obtain a conventional loan                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>EXCESSIVE UTILITY COSTS</b>   |   |                          |                          |
| <input type="checkbox"/>   | Excessive gas and electric bills for size of home   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Air infiltration (doors, windows, etc.) cannot be stopped even after weatherization             | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>   | Little-to-no insulation according to code   | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_  
**Applicant's Full Name (Print)**

\_\_\_\_\_  
**Co-Applicant's Full Name (Print)**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Co-Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**