



For Office Use Only
Date Completed: _____
By: _____

Allston Brighton Housing Services Program INTAKE FORM

Please answer the following questions and provide the necessary information in the spaces provided. This will allow us to better help you with your housing situation. Your answers will be kept confidential.

Name: _____ Date of Birth: _____

Address: _____ SSN: _____ - _____ - _____

Home Phone Number () _____ Work Phone Number () _____

• How many years have you lived in Allston Brighton? (Please circle one)
Less than 1 year 1-2 3-5 6-8 8-10 10-20 more than 20 years

• How many people are in your household? (Circle one number)
1 2 3 4 5 6 7 8 9 10 more than 10

• Head of household: _____

• What size is your home? (Circle one)
Studio One-bedroom Two-bedroom Three-bedroom Four-bedroom

• Do you have any kind of subsidy? _____

• Are you elderly? _____ Disabled? _____ Homeless? _____ Lost RC? _____ PWA? _____

• How much was your monthly rent each year:
In 2003? \$ _____ In 2004? \$ _____ In 2005? \$ _____ In 2006? \$ _____

• Do you have a lease? _____ Are you a tenant at will? _____

• When does your tenancy expire? _____

• Gross yearly income \$ _____ Percentage of income paid for rent? _____ %

• What is the general physical condition of your apartment? (Circle one)
Very Poor Poor OK Good Very Good

• Have pets (list how many & what kind) _____ Need on-site parking? _____

• What is the main reason for using the Housing Services Program? (Circle one)
Eviction Rent Increase Fall Behind in Rent Conflict w/ Landlord Condition of Bldg or Apt.
Other _____

• Please describe all the housing problems that apply to your current situation: _____

(if you need more space, please continue on the back of this page)

The Allston Brighton Housing Services Program is funded under the Community Development Block Grant Program through the Rental Housing Resource Center of the City of Boston