



Housing Profile

Instructions: Use this form to document housing unit preference and household information required to match client to housing opportunities through Home Stretch. Please provide an explanation for any “yes” answers below.

Client Name: _____ Client HMIS ID# (if known): _____

Housing Navigator Information

Name:	Agency:
Phone:	E-mail:

Household Members: List below all the people that will be living with you

Name	Age	Gender

Are you willing to reduce or change the number of people living with you to qualify for a specific housing opportunity?

- Yes No

Questions about You and Proposed Members of Your Household

	You	Proposed Member(s) of Your Household	Please explain any “Yes” answers
Is someone in your household a part-time or full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Has someone in your household been terminated from Section 8 or a public housing program due to fraud, non-payment of rent, or any type of criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Is there someone <i>without</i> legal immigration status in the United States in your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Is someone in your household required to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Has someone in your household been evicted within the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Has someone in your household been convicted of a felony within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	

Contact **HOME STRETCH**

fax: 1 (855) 658-5466, email: HomeStretch@acqov.org, phone: (510) 567-8017

Please indicate the places in Alameda County where you would be willing to live:

NOTE: Choosing more areas that you would be willing to live may increase your available housing options.

<input type="checkbox"/> Alameda	<input type="checkbox"/> Emeryville	<input type="checkbox"/> Newark	<input type="checkbox"/> San Leandro
<input type="checkbox"/> Albany	<input type="checkbox"/> Fremont	<input type="checkbox"/> Oakland	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Hayward	<input type="checkbox"/> Piedmont	<input type="checkbox"/> Union City
<input type="checkbox"/> Dublin	<input type="checkbox"/> Livermore	<input type="checkbox"/> Pleasanton	<input type="checkbox"/> I am willing to live in any part of Alameda County.

Is anyone from your proposed household earning income from employment? Yes No

If so, please write the cities/regions where they are employed: _____

Housing Unit Type

You will only be matched to housing unit types that you have selected below AND that you qualify for based on the number of people living with you and other criteria. If you're willing to consider a particular type of housing make sure to note this in the questions below.

Which of the following unit types *would you be willing to accept?* (Check ALL that apply)

<input type="checkbox"/> Shared housing (shared bedroom)
<input type="checkbox"/> Shared housing (shared common areas, for example: kitchen, bathroom, etc.)
<input type="checkbox"/> Single Room Occupancy (SRO) unit
<input type="checkbox"/> Studio/Efficiency
<input type="checkbox"/> None of the Above

Other Preferences and Needs

Will you only accept housing that allows for pet(s) to live with you? Yes No

Does any member of your household have a condition that *requires* a unit for (check all that apply):

Mobility impairment Hearing impairment Vision impairment

*For any impairment indicated above, client must provide written verification of impairment by a licensed health care professional.