**Landlord Engagement Services**

**CARES Act Housing Placement Assistance**

**Referral Form**

*Please complete this form in its entirety on behalf of the client. If something does not apply, please enter “N/A”. Fax the completed questionnaire separately from the Release of Information to Landlord Engagement Services at (425) 426-2314. You should also follow up with an email to* [*SnoCo-LES@ywcaworks.org*](mailto:SnoCo-LES@ywcaworks.org) *to verify the fax was received.*

If you have any questions regarding this form, please call 425-626-1113.

Date: Click here to enter a date.

Caseworker’s Name: Enter your name here. Name of your agency: Enter your agency’s name.

Email: Enter your email. Contact Number: Your phone #.

Please select your role:  IIF Housing Navigator  RRH Case Manager  PSH Case Manager

Please indicate which approaches you have tried to assist the household

Pulled credit report or tenant screening and discussed results with client

Provided client with a list of potential landlords

Called Landlord(s) to advocate for client

Provided letters of support for the client to give to potential landlords

Worked with past service providers, educators, landlords or employers to provide letters of support

Coached the client on how to discuss adverse rental, financial or criminal history with landlords

Assisted the client in setting up payment plans for debts

***The following questions will help us match your client with a rental that meets their needs and a Landlord that is open to working with their barriers. Please be specific in any open-ended question.***

1. Has the LEP Release of Information been filled out and included with this referral? YES NO
2. If a potential landlord is identified, may we contact the client directly? YES NO
   1. If yes, please provide the best method of contact: Client’s Phone # or Email.
3. Is this through Coordinated Entry? YES NO
4. Head of Household’s HMIS # Click to enter HMIS ID.
   1. Only if an HMIS # is unavailable, provide their first name & last initial: HOH’s first name & last initial
5. Please select homelessness status: Choose an item.
   1. What is their current housing situation (motel, street, shelter)? Explain current living situation.
6. Are they currently experiencing a domestic violence situation? YES NO
7. How long have you been working with this individual? Click to enter length of time.
8. Are you able to meet the Landlord with your client? YES NO
9. Please describe the scope of your program and services: Enter program information and services.
   1. Will they be receiving a subsidy? YES NO
      1. From who? Click to enter Agency & type of Subsidy.
      2. For how long? Explain expected length of assistance.
10. Please describe what funds you are providing: Describe what funds can be used for and any limitations.
11. What is their rental range w/o utilities? Enter amount here. W/Utilities? Enter amount here.
12. What is the household size & type? # of household members, relationship.
    1. Does this household include any minors (under the age of 18) YES NO
    2. How many bedrooms do they need? Enter # of rooms needed.
    3. Please note if they require a first floor/ADA Entry or other specific needs: Enter info or N/A.
13. What is their desired location(s)? Click to enter location.
    1. Do they have transportation? YES NO
14. Employment Situation: FT PT Unemployed, seeking work Unemployed, not seeking work
15. Total Monthly Income (from all sources) Click to enter amount.  Zero Income at this time.
    1. Source(s) of income: Explain sources of income.
16. Pets? YES: Breed(s), age(s) and weight(s). NO
17. Companion or Service animals? YES Breed(s), age(s) and weight(s). NO
    1. Do they have the appropriate documentation readily available? YES NO
18. Does the applicant smoke? YES  YES, outside only NO
19. Is anyone in the household required to register as a sex offender? YES NO
20. Has your client built a Rental Resume? YES NO
    1. Has your client written a letter of explanation for any criminal convictions, evictions or other things that may prevent them from meeting standard rental criteria? YES NO N/A
    2. Does your client have any letters of reference? YES NO
21. Has this client applied for housing and been denied? YES NO
    1. When and where have they been denied? List names of landlords, companies or properties.
22. What are the barriers that are preventing them from being approved for housing? Please **be specific** regarding any criminal history that they may have (include date and type of convictions, date and reason for evictions, poor rental history, etc.).
23. Does the household currently owe money to a prior landlord? If so, how much? Click to enter amount.
    1. Please describe the circumstances (back rent, damages, legal fees):

***Note: It helps us to lead with what is positive about this individual/family when speaking with a potential landlord. If your client can provide any letters of references, this is also beneficial.***

1. What is going well for your client (and their family)?
2. Will they continue to be engaged in services once housed? Please explain:
3. Any additional comments/concerns?

***The following information is used for our data reporting.***

1. Gender: Male Female
2. Head of Household age: Click to enter age.
3. Highest level of education completed: Choose an item.
4. Ethnicity: Hispanic Non-Hispanic
5. Race(s): White Black or African American Asian

Native Hawaiian or other Pacific Islander American Indian or Alaska Native Other/Multiple Click to list race(s).

1. Are they an immigrant or refugee? YES NO
2. Do they have a disability? YES NO
3. Total number of adults in household:
4. Total number of minors in household:
5. Is any member of the household a U.S. veteran? YES NO
6. Please indicate if any members of the household identify as a different ethnicity or race than the Head of Household: