

**Boston Tenancy Preservation Project Program
Boston Housing Court
Referral Form (revised October 2018)**

Referral Agency/Name of Referral Source: _____ Date of Referral: _____

Email: _____ Phone: _____ Date Initial Assessment by TPP: _____

Tenant Name: _____ Phone/Email: _____

Tenant Address: _____

Please list all household members including their gender and relationship to the referred tenant:

Referred Tenant (check if HOH) _____ DOB/Age: _____

Name/gender/relationship to ref'd tenant:: _____ DOB/Age: _____

Name/gender/relationship to ref'd tenant:: _____ DOB/Age: _____

Name/gender/relationship to ref'd tenant:: _____ DOB/Age: _____

If more space is needed to list household members, please check here and complete on blank page, attach to this form.

Landlord Name: _____ Phone: _____

Landlord Email and/or other contact info: _____

Reason(s) referred and type of support sought? _____

Please circle type of housing (project based subsidy, individual subsidy/voucher, private market)

Please check here if unknown and needs to be clarified (describe) _____

Is there a lease? Yes No If yes, please describe: _____

How long has tenant lived there? _____ Recertified? Yes-No-N/A Date of recertification _____

Previous address (if tenant has been in housing for 5 years or less): _____

Any past evictions or court cases involving housing? (If yes, please explain) _____

How much is tenant's rent share? _____ How many bedrooms? (circle) studio, 1, 2, 3, 4, 5, 6, 7+

Are rooms used for intended purposes? Y / N Describe: _____

What is the referred tenant's description of how the current problem(s) with the tenancy came to be (if clutter or storage issues identified, what is the source? animal / paper / clothes / food / other- describe)?

Tenancy risk factors: *Please check those that have been long term issues:*

Payment problems (if yes, how much owed? _____) Unauthorized occupants

Condition of the unit Date of last inspection? Pass/Fail

Problems with neighbors/staff Other (please describe below): _____

For tenancy risk factors checked above, were they caused by a diagnosed disability or impairments in functioning of any household member(s)? Yes No *If yes please describe:*

Has a Request for Reasonable Accommodation(s) been submitted addressing the current alleged lease violation or other disability/condition? Yes ___ No ___ *Please explain:* _____

Case conference scheduled and/or Notice To Quit issued? Yes ___ No ___ *If yes please describe:* _____

Summons and complaint filed? Yes ___ No ___ If yes, what is the status of the court case? In which court is the court case? _____

Docket search complete? Yes ___ No ___ *If yes, please explain results:* _____

Household income source(s) and monthly amount(s)? _____

SNAP _____ Assets (such as bank accounts/cars/retirement accounts) _____

Registered Sex Offender in Household? _____

Any present use of alcohol or drugs for any household members, or any history of use? *Please describe:* _____

Current or past legal/criminal/court/CORI issues: _____

Has anyone in the household been involved in issues with domestic violence? yes ___ no ___ If yes please describe: _____

List medical, psychiatric or other health care providers for anyone in the household (list contact info for provider) _____

Circle if anyone receiving medical services at the following sites:

Boston Medical Center * Children's Hospital * Martha Elliot Health Center * Longwood Health Center * Codman Square Health Center * Mattapan Community Health Center * Dorchester House * Manet Community Health Center * South Boston Community Health Center * South End Community Health Center * Greater Roslindale Medical and Dental Center

Describe who in the household has health insurance and what kind of health insurance they have: _____

Agencies or organizations assisting anyone in the household with case management or other services: _____

Agencies to assist with housing issues: *Please check those that the household has applied to:*

RAFT HomeStart Hearth Other _____

Does the head of household or anyone else in the household have a place they could go or friends/family who could assist with the current housing situation if the current housing was not preserved and/or in case of an emergency? Please describe: _____

Related housing concerns: Is heat and electricity included in rent and if not, what is the monthly amount and is there money owed? *Please describe:* _____

Owe money to ANY landlord/business/bank/credit card: _____

Any foreclosures or bankruptcies? *Please explain:* _____

Emergency contact person/ relation: _____ phone#: _____