**Eviction Prevention and Intervention Coalition Screening Tool**

**Courtroom/Judge:**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Section A**  **Client Profile:** | | | | | | | | | | | |
| Client Full Name: | Head of Household | | | | | Other Adult Household Member (if applicable) | | | | | |
|  | | | | |  | | | | | |
| Date of Birth: |  | | | | |  | | | | | |
| Social Security #: |  | | | | |  | | | | | |
| Gender: |  | | | | |  | | | | | |
| Race/Ethnicity: |  | | | | |  | | | | | |
| Phone#: |  | | | | |  | | | | | |
| Email: |  | | | | |  | | | | | |
| Medical Assistance#: (If applicable) |  | | | | | Obtained a copy of client’s Access Card? | | | | | |
| **Household Income: Average total household income over the last 90 days** | | | | | | | | | | | |
| Monthly Net Income: |  | | | | | | | | | | |
| Monthly Gross Income: |  | | | | | | | | | | |
| Household Size: |  | | | | | Number of Children (under 18): | | | | | |
| % Area Median Income (AMI): |  | | | | | | | | | | |
| **Eviction Hearing Information:** | | | | | | | | | | | |
| Reason for eviction hearing: | * Nonpayment of Rent | | | * Lease Violation | | | | | Other: | | |
| Do you have your lease with you today? | Lease Date: | | Describe any other documents or evidence with you today: | | | | | | | | |
| Landlord Information: | Type of Landlord: | * Private | | | * Property Manager/Business | | | * Housing Authority | | | * Other: |
| Name: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| Email: | | | | | | | | | | |
| Phone Number: | | | | | | | | | | |
| Complete the appropriate section based on reason for eviction | | | | | | | | | | | |
| a. Eviction due to nonpayment of rent | Monthly rent: | | | | | | | | | | |
| Total amount due: | | | | | | | | | | |
| Late/filing fees included: | | | | | | | | | | |
| Amount tenant can pay: | | | | | | | | | | |
| Client’s explanation for reason of nonpayment: | | | | | | | | | | |
| b. Eviction due to violation of lease agreement | Describe and include any fee(s): | | | | | | | | | | |
| Potential counterclaims: | | | | | | | | | | |
| c. Vulnerable Populations (Children under 5, domestic violence, seniors, veterans, etc… | Describe: | | | | | | | | | | |
| Potential counterclaims: | | | | | | | | | | |
| **Section B**  **Social Service Screening Determination:** | | | | | | | | | | | |
| Eligible for Financial Assistance: | * Yes | | | | | | | | | | |
| * No   Reason for Ineligibility: | | | | | | | | | | |
| Recommend Financial Assistance: |  | | | | | | Follow Up Date: | | |  | |
| Case Management Referrals: |  | | | | | | Follow Up Date: | | |  | |
|  | | | | | | Follow Up Date: | | |  | |
|  | | | | | | Follow Up Date: | | |  | |
|  | | | | | | Follow Up Date: | | |  | |
|  | | | | | | Follow Up Date: | | |  | |
| **Section C**  **Attorney Screening Determination:** | | | | | | | | | | | |
| Attorney Name: |  | | | | | | Date: | |  | | |
| Attorney Contact Information: |  | | | | | | | | | | |
| Eligible for Representation: | Next Steps: | | | | | | | | | | |
| Not Eligible for Representation: | Reason for non-representation:   * Provided with self-representation materials | | | | | | | | | | |

**For Office Use:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Household at or below 60% AMI: Yes No** | | | **Health Choices Eligibility**  **Household at or below 50% AMI: Yes No** | | |
| **EPIC Specialist Name:** | | | | | |
| **Manager Name:** |  | **Approval Date:** |  | **Manager Signature:** |  |
| **Notes:** | | | | | |