

Client Name: _____ Property Name: _____ Unit: _____

Date: _____ Quarterly Review Date: _____

Program Goal: Maintain Stable Housing

Rental History

- ☐ Resident (or 3rd party) has paid deposit and move-in costs.
- ☐ Resident has consistently paid rent on time, and in full since last review date.
- ☐ Resident has some late payments but the ledger is in good standing.
- ☐ There is an outstanding balance on account.
 - Amount outstanding: \$ _____
 - Plan or Action Steps to take to return ledger to good standing:

Lease Compliance

Resident is in full compliance with the lease agreement since the last review date, having never received a legal notice.

- ☐ Resident has received a copy of the lease and understands how to stay in compliance.
- ☐ Resident has received at least one legal notice since the last review date but is currently in good standing.
- ☐ Resident is not in compliance with the lease agreement.
 - How many notices received (4 per year can lead to eviction): _____
 - Plan or action steps to take to return to and maintain full compliance with lease:

- ☐ Resident is currently in eviction process due to lease violations.
 - Court date: _____
 - Plan or action steps to take to avoid eviction:

Inspections

- ☐ Resident understands there will be frequent inspections of unit and has been given a cleaning checklist.
- ☐ Could resident pass inspection if given a 48-hour notice? **YES / NO**
- ☐ Resident promptly places work orders for health, safety, damage, or flood issues in RentCafe and notifies COAST Community Manager via email.
- ☐ Resident passed most recent inspection. **Date:** _____
- ☐ Resident did not pass the most recent inspection. **Date:** _____
 - Inspection issues to address by Resident and Housing Hope:

- Plan or action steps to take to ensure unit passes inspection moving forward:

Program Goal: Increase Earned Income or Income Potential

Income

- ☐ Resident has steady source of income:
 - Monthly Income Source: _____
 - Monthly Income Amount: _____
- ☐ Monthly Income is sufficient to meet the needs of the household:
 - If no, what support/resources does the resident utilize to meet household needs:

- ☐ Has resident engaged in any employment or education related activities since last review: **YES / NO**
 - If yes, please describe: _____
 - If no, please list reason: _____
- ☐ Is the resident actively seeking employment? **YES / NO**
 - If yes, please describe: _____
 - If no, please list reason: _____
- ☐ Is the resident interested in working with the Employment and Education team? **YES / NO**
- ☐ Additional support requested related to income and/or financial stability: (i.e. budgeting, emergency savings, credit repair, financial literacy):

Program Goal: Promote and Support Additional Life Skills and Self-Determination

What are some areas in which the residents would like more support? (Check all that apply and describe)

- ☐ Furthering education: _____
- ☐ Parenting and/or Family management Skills: _____
- ☐ DCYF Involvement/Reunification: _____
- ☐ Physical Health: _____
- ☐ Mental Health and Wellbeing: _____
- ☐ Substance Use/Treatment and/or Sober Supports: _____
- ☐ Domestic Violence Resources: _____
- ☐ Healthy Relationships/Boundaries: _____
- ☐ Building Social and/or Family Support: _____
- ☐ Self-Care/Coping Skills/Stress Management: _____
- ☐ Transportation: _____
- ☐ Legal Matters: Civil _____
- ☐ Legal Matters: Criminal _____
- ☐ Other: _____

Support or resources needed for success:

- ☐ Resident will reach out to Family Support Coach for assistance when needed.

