### **General Instructions**

This is the entry form for ALL projects in Solano County except for PATH, RHY, and VA programs. This form should be filled out for all household members and entered into HMIS accordingly.

Income and benefits collected by minor children in the household should be reported under the head of household. If a household presents as two minor youth, one of the youth should be designated as the head of household.

No question should remain blank at the end of the assessment. The administrator of this intake must ask all questions of the client and mark the appropriate response. Please note that current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please refer to the HMIS Data Dictionary. If the data dictionary does not answer your question, please reach out to solanoHMIS@homebaseccc.org for assistance.

## CLIENT NAME:

# DATE ADMINISTERED:

## **CLIENT RECORD**

#### NAME

In HMIS the "name" field will be created upon record entry and should auto-populate into the Entry Assessment. Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents.

First name	Middle name(s)	_ Middle name(s)				
Last name	Suffix	Alias				

#### NAME DATA QUALITY

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a "made up name" for such an initial identification, indicate that here.

	Full name reported		Partial, street name, or code name reported		Client doesn't know		Client refused
--	--------------------	--	---------------------------------------------	--	---------------------	--	----------------

#### SOCIAL SECURITY NUMBER AND DATA QUALITY

The Social Security Number is created when the client record is created and should auto-populate into the Entry Assessment. Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'

	-		_		

Full SSN reported
Approximate or partial SSN reported
Client doesn't know
Client refused

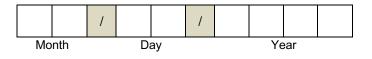
#### **VETERAN STATUS**

This element is based on self-report by the client. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. For the **Army, Navy, Air Force, Marine Corps,** and **Coast Guard**, active duty begins when a military member reports to a duty station after completion of training. For the **Reserves** and **National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad. Or Anyone who was disabled in the line of duty during a period of active duty training. Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

Yes   No   Client doesn't know   Client refused
-------------------------------------------------

#### PROJECT START DATE (e.g., 04/25/2020)

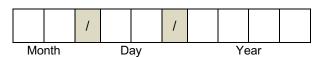
The Project Start Date serves as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.



## **CLIENT DEMOGRAPHICS**

#### DATE OF BIRTH

Use 01/01/YEAR and select 'approximate or partial date of birth' if client cannot recall DOB.



#### DATE OF BIRTH DATA QUALITY

Full date of birth reported
Approximate or partial date of birth reported
Client doesn't know
Client refused

#### GENDER

Female	Questioning
Male	Client doesn't know
A gender that is not singularly female or male (e.g. non-binary, genderfluid, agender, culturally specific gender)	Client refused
Transgender	

#### RACE

Clients may report up to two different races. If a client only identifies as one racial category leave the "secondary race" field blank. "Client doesn't know" and "Client refused" should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

	Primary race	Secondary race
American Indian or Alaska Native, or Indigenous		
Asian or Asian American		
Black, African American, or African		
Native Hawaiian or Pacific Islander		
White		
Client doesn't know		
Client refused		

#### ETHNICITY

	Non-Hispanic/Non- Latin(a)(o)(x)		Hispanic/Latin(a)(o)(x)		Client doesn't know		Client refused
--	-------------------------------------	--	-------------------------	--	---------------------	--	----------------

#### **RELATIONSHIP TO HEAD OF HOUSEHOLD**

In a household of a single individual, that person must be identified as the head of household. In multi-person households, one of person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

Self (head of household)	Head of household's other relation member (other relation to head of household)
Head of household's child	Other: non-relation member
Head of household's spouse or partner	

## **CLIENT DEMOGRAPHICS (CONTINUED)**

#### PRIMARY LANGUAGE

American Sign Language	French	Lao	Thai
Arabic	German	Mandarin	Vietnamese
Armenian	Hindi	Portuguese	Other
Austronesian	Hmong	Punjabi	Client doesn't know
Cantonese	Japanese	Russian	Client refused
English	Khmer	Spanish	
Farsi	Korean	Tagalog	

## If OTHER, specify:

#### EDUCATION

What is the client's highest level of educational attainment?

Less than grade 5	Some college
Grades 5–6	Associate degree
Grades 7–8	Bachelor's degree
Grades 9–11	Graduate degree
Grade 12 or high school diploma	Vocational certification
School program does not have grade levels	Client doesn't know
GED	Client refused

#### SEXUAL ORIENTATION

Heterosexual	Lesbian	Questioning or unsure	Client doesn't know
Gay	Bisexual	Other	Client refused

# If OTHER, specify: \_\_\_\_\_

#### PHOTO ID

Does the client have a valid driver's license or photo identification?

Yes     No     Client doesn't know     Client refused	
-------------------------------------------------------	--

# **CURRENT LIVING SITUATION**

STA	RT DATE END DATE		INFORMATION DATE	
Mor	/     /     /       nth     Day     Year       Month     Day	/	Year     Month     Day     Year	
CUR	RENT LIVING SITUATION			
	Place not meant for habitation		Rental by client, with GPD TIP housing subsidy	
	Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY-funded Host Home shelter		Rental by client, with VASH housing subsidy	
	Safe Haven		Permanent housing (other than RRH) for formerly homeless persons	
	Foster care home or foster care group home		Rental by client, with RRH of equivalent subsidy	
	Hospital or other residential non-psychiatric medical facility		Rental by client, with HCV voucher (tenant or project based)	
	Jail, prison, or juvenile detention facility		Rental by client in a public housing unit	
	Long-term care facility or nursing home		Rental by client, no ongoing housing subsidy	
	Psychiatric hospital or other psychiatric facility		Rental by client, with other ongoing housing subsidy	
	Substance abuse treatment facility or detox center		Owned by client, with ongoing housing subsidy	
	Residential project or halfway house with no homeless criteria		Owned by client, no ongoing housing subsidy	
	Hotel or motel paid for without emergency shelter voucher		Other	
	Transitional housing for homeless persons (including homeless youth)		Worker unable to determine	
	Host Home (non-crisis)		Client doesn't know	
	Staying or living in a friend's room, apartment or house		Client refused	
	Staying or living in a family member's room, apartment or house			
lf OT	HER, specify:			

# **CURRENT LIVING SITUATION (CONTINUED)**

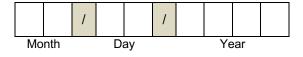
PRO	PROVIDER VERIFYING LIVING SITUATION					
	BayNorth Church of Christ		Mission Samoa			
	Berkeley Food & Housing Project		Nation's Finest			
	Caminar, Inc.		Northern California Family Center			
	Catholic Charities of Yolo-Solano		On the Move			
	City of Fairfield Homeless Outreach		Resource Connect Solano			
	City Vallejo Housing Authority		SHELTER, Inc.			
	Community Action North Bay		Solano County Healthy & Social Services			
	Edge Community Church		VA of Northern California			
	Fighting Back Partnership		Vacaville Solano Services			
	Lutheran Social Services		Volunteers of America			

Is the client going to have to leave their current living situation within 14 days?

	Yes			No		Cli	ent doesn't know	Client ref	used
↓									
		If <b>YES</b> , please specify.				Yes	No	t doesn't now	Client refused
		Has a subsequent residence been identified?							
Does the client have support networks to permanent housing?			s to obtain other						
	Has the client had a lease or ownership interest in a permanent housing unit in the la 60 days?		est in a						
		Has the clie		oved two or more 60 days?					
LOC	ATION DE	TAILS:						 	

#### DATE OF ENGAGEMENT

This field asks when the client was first engaged by the project.



### **CLIENT LOCATION**

The only option for client location in HMIS is "CA-518," which corresponds with the Solano Continuum of Care.

## **CURRENT LIVING SITUATION (CONTINUED)**

#### LOCATION WHERE CLIENT SLEPT LAST NIGHT

This field asks for the location where the client slept night. Select the location from a list of cities, census-designated places and unincorporated places in Solano County. If the location where the client slept last night was outside Solano County, select the appropriate county or geographic area.

Location	Location where the client <u>slept last night</u>	Location where the client was <u>last housed</u>
Benicia		
Birds Landing		
Dixon		
Fairfield		
Green Valley		
Rio Visa		
Suisun City		
Vacaville		
Vallejo		
Other area in Solano County		
Alameda County		
Contra Costa County		
Napa County		
Sacramento County		
San Francisco County		
Yolo County		
Other area in California (outside Solano County)		
Other area outside of California		

#### HOUSING STATUS

This field asks when the client is actually in housing. It is possible for a client to enter a project prior to actually taking possession of the unit. This is common when the project is providing housing locator services for the client. Provide the date the client actually takes possession of the unit. If the client has not taken possession of the unit at the time of project entry leave this field blank and provide an update at a later time when the unit becomes available.

Is the client in permanent housing of project entry date?

Yes	□ No	
-----	------	--

If YES, what is the monthly rent or mortgage?

\$					0	0
----	--	--	--	--	---	---

#### If YES, what is the housing move-in date?

	/		/		

## HOMELESS STATUS VERIFICATION

#### **1. TYPE OF PRIOR LIVING SITUATION**

#### What was the situation the client was living in immediately prior to project start?

Adult members of the same household may have different prior living situations

Hor	neless Situations	7	1 night or less
	Place not meant for habitation		2 to 6 nights
	Emergency shelter, including hotel or motel paid for	F	1 week+, but le
	with emergency shelter voucher		1 month+, but I
	Safe Haven		90 days, but les
			1 year or longe
Inst	itutional Situations	_	Client doesn't k
	Foster care home or foster care group home		Client refused
	Hospital or other residential non-psychiatric medical facility		
	Jail, prison, or juvenile detention facility	Ļ	1 night or less
	Long-term care facility or nursing home		2 to 6 nights
	Psychiatric hospital or other psychiatric facility		1 week+, but le
	Substance abuse treatment facility or detox center		1 month+, but l
_			90 days, but les
	nsitional & Permanent Housing Situations		1 year or longe
	Hotel or motel paid for without emergency shelter voucher		Client doesn't k
	Owned by client, no ongoing housing subsidy		Client refused
	Owned by client, with ongoing housing subsidy		
	Permanent housing (other than RRH) for formerly homeless persons		
	Rental by client, no ongoing subsidy Proceed to		1 night or less
	Rental by client, with VASH subsidy Question 3		2 to 6 nights
	Rental by client, with GPD TIP subsidy		1 week, but les
	Rental by client, with other ongoing housing subsidy		1 month, but le
	Residential project or halfway house with no homeless criteria		90 days, but les
	Staying or living in a family member's room, apartment,		1 year or longe
	or house		Client doesn't k
	Staying or living in a friend's room, apartment, or house		Client refused
	Transitional housing for homeless persons (including homeless youth)		Client relused
Oth	er		
	Client doesn't know		
	Client refused		

#### 2. LENGTH OF STAY IN PRIOR LIVING SITUATION

#### How long was the client staying in that place?

If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected.

	Thight of 1000	
	2 to 6 nights	
	1 week+, but less than 1 month	
	1 month+, but less than 90 days	Proceed to
	90 days, but less than 1 year	Question 3
	1 year or longer	
	Client doesn't know	
	Client refused	
		_
	1 night or less	
	2 to 6 nights	Proceed to
	1 week+, but less than 1 month	Question 3
	1 month+, but less than 90 days	
	90 days, but less than 1 year	STOP
	1 year or longer	Proceed to
	Client doesn't know	Disability Status
	Client refused	(page 10)
		-

1 night or less
2 to 6 nights
1 week, but less than 1 month
1 month, but less than 90 days
90 days, but less than 1 year
1 year or longer
Client doesn't know
Client refused

#### STOP Proceed to **Disability Status** (page 10)

## **HOMELESS STATUS VERIFICATION (CONTINUED)**

#### 3. DATE THE CLIENT BECAME HOMELESS THIS TIME

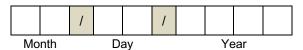
#### When did the client start staying on the streets,\* in emergency shelters, or in safe havens this time?

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. Breaks in homelessness <u>are allowed</u> to be included in the look back period to calculate the start date <u>only if</u>:

- The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR
- The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR
- The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header "institutional situations" on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.

If this is the client's first day on the streets, shelters, or safe havens, enter today's date.

\* "The streets" is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).



#### 4. NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

# How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

Count the times a client has been homeless, separated by breaks, in the last three years. A break means at least 7 consecutive nights of <u>not</u> living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header "institutional situations" on the previous page.

	One time (this time)	Four or more times
	Two times	Client doesn't know
	Three times	Client refused

#### 5. TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

# How many months, in total, has the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?

Add the number of months homeless of all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years. Include any time a client spent in an institution for a period of less than 90 days or time spent in permanent or transitional housing for a period of less than 7 days. Responses may be rounded to the next-highest number of full months. The current month, even if a partial month, can be counted as a full month.

One month or less (choose if this i	s the first time the client has been home	eless)
Between 2 and 12 months +	Enter the total number of months:	
More than 12 months		
Client doesn't know		
Client refused		

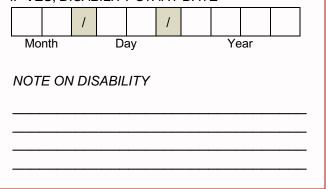
#### DISABILITIES

Disability elements for HMIS data collections are based on client report. A client is not required to show proof of disability in order to respond "yes" to this question. Programs which require a disability for a client to be eligible for services may further investigate this element.

SUBS	TANCE USE DISORDER		IF <b>YES</b> , DISABILITY START DATE
	Yes: Alcohol use disorder only	No	
	Yes: Drug use disorder only	Client doesn't know	Month Day Year
	Yes: Both alcohol <b>and</b> drug use disorders	Client refused	
	$\checkmark$		
	disorder, or both alco is the disability expect	use disorder, drug use hol and drug use disorder, ted to be of long-continued n and substantially impairs dependently?	NOTE ON DISABILITY
	☐ Yes	Client doesn't know	
	□ No	Client refused	
CHRO	NIC HEALTH CONDITION		IF YES, DISABILITY START DATE
	Yes	□ No	
	No	Client doesn't know	Month Day Year
	disability expected to indefinite duration an client's ability to live ind		NOTE ON DISABILITY
		Client doesn't know	
	No	Client refused	
DEVE	LOPMENTAL		IF <b>YES</b> , DISABILITY START DATE
	Yes	□ No	
	No	Client doesn't know	Month Day Year
	↓ If YES for <u>develop</u>	mental disability, is the substantially impair the	NOTE ON DISABILITY

client's ability to live independently?

Yes	Client doesn't know
No	Client refused



## **DISABILITIES (CONTINUED)**

HIV/AIDS       IF YES, DISABILITY ST         □       Yes       No         □       No       Client doesn't know         ↓       If YES for HIV/AIDS, is the disability expected to substantially impair the client's ability to live independently?       NOTE ON DISABILITY												ART	DAT	E		
	Yes				/			/								
	No				Client doesn't know		Мо	onth		Da	ау			Ye	ear	
		↓ If YE subs	tantially impair t				NOTI	E ON	DIS	ABILI	ITY		1 1 1			 
			Yes		Client doesn't know	-									· · · · ·	 —
			No		Client refused	-										 _

MENT	MENTAL HEALTH DISORDER       IF YES, DISABILITY START DATE         Yes       No         No       Client doesn't know         If YES for mental health disorder, is the disability expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?       NOTE ON DISABILITY         Yes       Client doesn't know         Yes       Client doesn't know         No       Client refused			IF YES, DISABILITY START DATE		
	Yes	No Client doesn't know If YES for mental health disorder, is the disability expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?     □   Yes   □   Client doesn't know     □   Yes   □   Client doesn't know     □   No   □   Client refused				
	No				Client doesn't know	Month Day Year
		No Client doesn't know If YES for mental health disorder, is the disabilities expected to be of long-continued and indefinited duration and substantially impairs the client's abilities to live independently?     □   Yes   □   Client doesn't know     □   Yes   □   Client doesn't know     □   No   □   Client refused	ntinued and indefinite	NOTE ON DISABILITY		
			Yes		Client doesn't know	
			No		Client refused	
PHYS	SICAL					IF YES, DISABILITY START DATE
	Yes				No	

					.0, Di	UAL		1 011		DAT	L				
Yes					/			/							
No		Мо	Month Day Year												
	expe dura	ES for <u>physical</u> acted to be of low tion and substantive independently?	NOT	E ON	DIS	ABIL	.ITY						_		
		Yes									<u> </u>		-		
		No	Client refused											_	
					-										

## **DISABLING CONDITION**

A disabling condition is any of the above-indicated disabilities or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impair ability to live independently. **Does the client currently have a disabling condition?** 

Yes
No
Client doesn't know
Client refused

## INCOME

Record regular, recurrent sources that are current (i.e. not terminated). Income received for a minor member of the household should be recorded under the Head of Household's information. If the client has income, enter the monthly amount received. Answer 'No' for sources that have been terminated, even if they were received in the past.

Does the client have any income from any source?

□ Y	(es	No	Client doesn't know	Client refused
	$\checkmark$			

If YES, answer 'Yes' or 'No' for each income source.

Source of income	Receiving from so		If YES, date client began receiving income	lf	nonthly ound to				rce
Alimony or other spousal	Yes			\$				0	0
support	No								
	Yes			\$				0	0
Child support	No					•			
Earned income ( <i>i.e.</i> ,	Yes			\$			•	0	0
employment income)	No								
General Assistance (GA)	Yes			\$			•	0	0
General Assistance (GA)	No								
Pension or retirement	Yes			\$			•	0	0
income from a former job	No								
Privata Disability Insurance	Yes			\$			•	0	0
Private Disability Insurance	No								
Retirement Income from	Yes			\$				0	0
Social Security	No								
Social Security Disability	Yes			\$				0	0
Insurance (SSDI)	No								
Supplemental Security	Yes			\$			•	0	0
Income (SSI)	No								
Temporary Assistance for	Yes			\$			•	0	0
Needy Families (TANF)	No								
Linomployment incurance	Yes			\$			•	0	0
Unemployment Insurance	No								
VA Non-Service-Connected	Yes			\$				0	0
Disability Pension	No								
VA Service-Connected	Yes			\$				0	0
Disability Compensation	No								
Warker's Companyation	Yes			\$				0	0
Worker's Compensation	No								
Other source (specify):	Yes			\$				0	0
	No								
Total monthly income from all sources				\$			•	0	0
What is the client's income as percentage of Area Median Inc		?	Does the client has SSI/SSDI, Outread			v (SO/	AR)	?	

] < 30% 🗌 30–50% 🔲 > 50%

☐ Yes ☐ Client doesn't know

No

Client doesn't know

revised October 2021

## NON-CASH BENEFITS

Only record regular, recurrent sources that are current (i.e. not terminated). Non-cash benefits received for a minor member of the household should be recorded under the Head of Household's information. Answer 'No' for sources that have been terminated, even if they were received in the past.

Does the client have any non-cash benefits from any source?

🗌 Yes	No	Client doesn't know	Client refused

If YES, answer 'Yes' or 'No' for each non-cash benefit source.

Source of Non-Cash Benefit		eiving rce?	If YES, date client began receiving source	١f ١	YES, m (ro	onthly und to				rce
Supplemental Nutrition Assistance Program, ( <i>i.e.</i>	Yes			\$				•	0	0
CalFresh or Food Stamps)	No				-					
Special Supplemental Nutrition Program for Women, Infants, and	Yes			\$				-	0	0
Children (WIC)	No									
TANF Child Care services	Yes			\$				•	0	0
TAMP CITIL Care services	No									
TANF Transportation	Yes			\$				•	0	0
Services	No									
Other TANF-Funded	Yes			\$				•	0	0
Services	No									
Other:	Yes			\$					0	0
	No				·		•	-		

## HEALTH INSURANCE

Only record regular, recurrent sources that are current (i.e. not terminated). Answer 'No' for sources that have been terminated, even if they were received in the past.

Is the client <u>currently</u> covered by health insurance?

Yes	No	Client doesn't know	Client refused

If YES, answer 'Yes' or 'No' for each health insurance source.

Source of Health Insurance		ig health e source?	If YES, date client began receiving source	For HOPWA, specify private pay insurance source, if applicable	For HOPWA, specify reason not covered, if applicable
Medicaid ( <i>i.e</i> .	Yes				
Medi-Cal)	No			-	
Medicare	Yes				
	No			-	
State Children's Health Insurance	Yes				
Program (CHIP)	No				
Veteran's Administration	Yes				
(VA) Medical Services	No				
Employer-Provided	Yes				
Health Insurance	No				
Health insurance obtained through	Yes				
COBRA	No				
Private Pay Health	Yes				
Insurance	No				
State Health Insurance for	Yes				
Adults	No				
Indian Health	Yes				
Services Program	No			· · · · · · · · · · · · · · · · · · ·	
Other:	Yes				
	No				

INFORMATION DATE       /     /       Month     Day       Year	Does the perceive that has value and	their life	Does the clie perceive that t have support f others who will to their probler	hey rom listen	Does the client perceive they have a tendency to bounce back after hard times?		
Strongly disagree							
Somewhat disagree							
Neither agree nor disagree							
Somewhat agree							
Strongly agree							
Client refused							
Client doesn't know							
How frequently does the client feel nervous, tense, worried, frustrated, or afraid?							
□ Not at all □ Severa	l times a month	□ At lea	ast every day		Client refused		

#### **EMPLOYMENT**

 $\square$ 

Once a month

Several times a week

Is the client employed?									
	Yes		No	Client doesn't know				Cli	ient refused
If <b>YES</b> , specify the type of employment.					lf NO	, specify the reason	the c	lient	is not employed.
	Full-time		Client doesn't know			Looking for work			Client doesn't know
	Part-time		Client refused			Unable to work			Client refused
	Seasonal/sporadic (including day labor)			-		Not looking for work	(		

Client doesn't know

## DOMESTIC VIOLENCE

Is the client a domestic violence victim or survivor?									
	Yes		No	Client doesn't			WO		Client refused
	$\mathbf{V}$								
If YE	<b>S</b> , when did the experi	ence	occur?						
	Within the past three months						One year ago or more		
	Three to six months ago (excluding six months exactly)						Client doesn't know		
	Six months to one year ago (excluding one year exactly)						Client refused		
If YES, is the client currently fleeing?									
	Yes		No		Client does	n't kn	ow		Client refused
		-							

# **CONTACT INFORMATION**

Address Apt/Unit								
City State		ZIP Code County						
County								
What is the data quality of the client's residence or last p	erman	ent address?						
Full address reported		Client doesn't know						
Incomplete or estimated address reported		Client refused						
Phone number Em	ail ad	dress						
START DATE E	ND DA	TE (if applicable)						
/     /     /       Month     Day     Year         Month     Day     Year								
Landlord's Name		undlord's Address						
Landlord's City Landlord's State Landlord's Phone								

# **EMERGENCY CONTACT**

Contact's Name		Contact's Address	S					
Contact's City	Contact	_ Contact's State Landlord Phone						
Second Phone Number _								
START DATE		END DATE (if applicabl	le)					
/	/	1	/					
Month Day	Year	Month Day	Year	_				

# **EMPLOYER CONTACT**

Employer Name	Employer's Address	·
Employer's City	Employer's State	Employer's ZIP Code
Employer Phone Number	Employer Email Address	S