



## IMMEDIATE GOALS FOR FAMILY

Crisis Intervention  
  Establish Long-term Goals  
  Resources and Referrals

| Assistance needed | Amount | Date Due |
|-------------------|--------|----------|
| 1.                |        |          |
| 2.                |        |          |
| 3.                |        |          |

*(Request to view original copies of bills, leases, invoices, etc.)*

### HOUSEHOLD INCOME *(calculate using the Income Eligibility Worksheet)*

| Income Source          | Monthly Income | 90 Day Income |
|------------------------|----------------|---------------|
|                        |                |               |
|                        |                |               |
|                        |                |               |
|                        |                |               |
| <b>Total Reported:</b> |                |               |

### BUDGET WORKSHEET

| Household Expenses          | Monthly Amount Due | Current/Up-to-date Yes ✓ or No (please explain) |
|-----------------------------|--------------------|---|
| Rent or Mortgage            |                    |   |
| Electricity                 |                    |   |
| Cooking Gas or Heating Fuel |                    |   |
| Water                       |                    |   |
| Telephone (home/cellular)   |                    |   |
| Cable and Internet          |                    |   |
| Furniture/Appliances        |                    |   |
| Car Payment                 |                    |   |
| Car Insurance               |                    |   |
| Household Supplies          |                    |   |
| Child Care                  |                    |   |
| Groceries                   |                    |   |
| Gas                         |                    |   |
| Car Repairs/Maintenance     |                    |   |
| Health/Hygiene              |                    |   |
| Other (specify)             |                    |   |
| <b>TOTAL</b>                |                    |   |



**TO DETERMINE IF FAMILIES ARE IN NEED OF EMERGENCY ASSISTANCE  
FOR THEIR HOMES, COMPLETE THE HOUSING ASSESSMENT**

**FAMILY**     OWNS    RENTS    BUYING

**RENTAL PROPERTY IS SUBSIDIZED BY:** \_\_\_\_\_  
(NAME OF PROGRAM/AGENCY)

Property Manager/ Landlord/ Mortgage Holder \_\_\_\_\_

Address/City/State \_\_\_\_\_

**HOUSING CONDITION:**  Excellent    Very Good    Good    Fair    Poor    Very Poor

Year home was built: \_\_\_\_\_

Has home ever been weatherized?  Yes    No   Year: \_\_\_\_\_

Please check all that is applicable:

INSULATION NEEDED    CARBON MONOXIDE EXPOSURE    NO HEATING UNIT

NO AIR CONDITIONING    INADEQUATE PLUMBING    FAULTY GAS LINES    MOLD

ROOFING LEAKS    BROKEN HOT WATER HEATER

STRUCTURAL DEFICIENCIES (please explain) \_\_\_\_\_

OTHER \_\_\_\_\_

**OFFICIAL USE ONLY**

**Intake Specialist Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Eligible for CSBG/NCDRP** (*proceed with Intake Process*)

**Not eligible for CSBG/NCDRP** (*mail Notice of Denial within 5 working days*)

**Referral made to Weatherization/NCDRP:** \_\_\_\_\_ **CCA** \_\_\_\_\_ **Twin Rivers**