



# Eviction Prevention Program Enrollment Form

Resident Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Property: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Initial Session: \_\_\_\_\_ Duration of Session: \_\_\_\_\_ Face to Face/Telephone (circle)

**Reason as described by resident:**

Related to COVID 19:	General:
<input type="checkbox"/> Reduction in work hours <input type="checkbox"/> Furloughed <input type="checkbox"/> Laid off <input type="checkbox"/> Unable to work due to exposure/personal health risk <input type="checkbox"/> Caring for sick person <input type="checkbox"/> Childcare issues <input type="checkbox"/> Increased household expenses	<input type="checkbox"/> Health related/illness non-COVID 19 related <input type="checkbox"/> School/training obligations <input type="checkbox"/> Waiting for public benefits <input type="checkbox"/> Laid off <input type="checkbox"/> Reduction in work hours <input type="checkbox"/> Transportation <input type="checkbox"/> Housekeeping <input type="checkbox"/> Other: _____

**NEEDS ASSESSMENT AND PLAN OF ACTION**

**Late or Nonpayment of Rent**

<p>Late or Nonpayment of Rent</p> <input type="checkbox"/> Budget development – income and expenses analysis <input type="checkbox"/> Financial coaching <input type="checkbox"/> Benefit screening <input type="checkbox"/> Temporary increase in income/Other sources of support <input type="checkbox"/> Resource Referral <input type="checkbox"/> Hope & Opportunity Fund <input type="checkbox"/> Other: _____	<input type="checkbox"/> Face to face meeting <input type="checkbox"/> Phone meeting  Attempts to contact: _____ <div style="text-align: right;">Date(s)</div> Declined Assistance: _____ <div style="text-align: right;">Date</div> _____ Initials    Date of follow up meeting
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**Housekeeping**

<input type="checkbox"/> Schedule home inspection with head of household and community manager to obtain a suitable level of compliance <input type="checkbox"/> Offer educational assistance as needed to resolve housekeeping issues <input type="checkbox"/> Other: _____	<input type="checkbox"/> Face to face meeting <input type="checkbox"/> Phone meeting  Attempts to contact: _____ <div style="text-align: right;">Date(s)</div> Declined Assistance: _____ <div style="text-align: right;">Date</div> _____ Initials    Date of follow up meeting
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Property Name: \_\_\_\_\_ Apt # \_\_\_\_\_

ACTION PLAN	
Steps	Date to be accomplished

*The Eviction Prevention Program is only an attempt to prevent eviction. By signing below, I indicate that I understand that it is my responsibility to take the steps outlined in the plan above by the deadlines outlined. I understand that the final decision to stop an eviction is solely the rights of the Community Manager and HDC MidAtlantic.*

Resident: \_\_\_\_\_  
Signature Date

Resident Services Coordinator: \_\_\_\_\_  
Signature Date

Community Manager: \_\_\_\_\_  
Signature Date

Email to [evictionpreventionprogram@hdcweb.com](mailto:evictionpreventionprogram@hdcweb.com)