

Appendix 2 – Eviction Diversion Assessment

Current Date:

Court Date:

Court Case #:

Tenant Meeting Date/Time:

Name:

DOB:

SS #:

Phone Number:

Household size:

Adults:

Children:

Property Address:

Rent/month:

Subsidized? Yes No

1 – Bdrm ≤ \$604

2 – Bdrm ≤ \$784

3 – Bdrm ≤ \$1,023

4 – Bdrm ≤ \$1,064

Amount owed:

Landlord Name:

Phone:

Why isn't rent current?

Are you able to pay next month's rent? Yes No

How?

Monthly Income:

AMI:

Earned Amount:

Source:

Earned Amount: Source: Unearned Amount: Source:

Have you served in the military? Yes No

Do you have a DD214? Yes No

Do you have HIV/AIDS? Yes No

Receiving CMH services? Yes No If yes, from what agency?

Are you receiving Medicaid? Yes No

Have you used CMH Contingency Funds in the past year? Yes No

Case Manager Name/Phone:

Referral (s):

Pre-eligibility:

Required Documentation – Tenant:

Required Documentation – Landlord: