

**HUD RENT REFORM DEMONSTRATION
BASELINE INFORMATION FORM**

NOTE: This information is provided by the voucher holder / head of household.

Personal Identifiers

1. HA Entity ID/ Household Identification Number:

[Length will vary by HA]

2. Head of Household's Social Security Number:
____ - ____ - _____

3. Name

3.A First Name: _____

3.B Middle Name: _____

3.C Last Name: _____

4. Date of Birth:
____ / ____ / _____
MM DD YYYY

5. What is your marital status?

1 Married, living with spouse

2 Living with a partner

3 Single

4 Separated

5 Divorced

6 Widow/Widower

7 No answer

6. What is your citizenship status?

- I am a U.S. citizen by birth [Go to 8]
- I am a U.S. citizen by naturalization [Go to 7]
- I am a legal permanent resident [Go to 7]
- I have refugee or asylee status [Go to 7]
- No answer [Go to 8]

7. How long have you lived in the U.S.?

- Less than 5 years
- 5 to 9.99 years
- 10 to 19.99 years
- 20 years or longer
- No answer

8. How long have you received Section 8 rental assistance as a head of household?

- Less than 1 year
- 1 - 3.99 years
- 4 - 6.99 years
- 7 - 9.99 years
- 10 or more years
- No answer

Primary Language

9. What is the primary (or main) language that your family speaks at home?

- English
- Spanish
- Chinese
- Other _____
4.A Specify
- No answer

Household Finances and Material Hardship

10. Do you currently receive SNAP/food stamps?

- Yes
- No
- No answer

11. Do you currently receive TANF or [Insert name of state or local public assistance program]?

- Yes
- No
- No answer

12. Including your own income, approximately how much was your total household income during the past 12 months before taxes?

Include all forms of income – earnings (including self-employment), child support, and any public cash assistance – that you or other members of your household received.

- ₁ \$0
- ₂ \$1 - \$4,999
- ₃ \$5,000 - \$9,999
- ₄ \$10,000 - \$14,999
- ₅ \$15,000 - \$19,999
- ₆ \$20,000 - \$24,999
- ₇ \$25,000 - \$29,999
- ₈ \$30,000 or higher
- ₉ No answer

13. In general, how do your or your households finances usually work out at the end of the month?

- ₁ There is some money left over,
- ₂ There is just enough to make ends meet, or
- ₃ There is not enough money to make ends meet?
- ₄ No answer

14. In the past 12 months was there ever a time when, because of cost, you or your household were not able to:

14.a. Pay your rent?

- ₁ Yes [Go to 14A1]
- ₂ No [Go to 14B]
- ₃ No answer [Go to 14B]

14.a.1. How often did this happen in the past 12 months?

- ₁ 1 Month
- ₂ 2 or 3 months
- ₃ 4 to 6 months
- ₄ 6 or more months
- ₅ No answer

14.b. Pay your utility bills?

- ₁ Yes [Go to 14B1]
- ₂ No [Go to 14C]
- ₃ No answer [Go to 14C]

14.b.1. How often did this happen in the past 12 months?

- ₁ 1 Month
- ₂ 2 or 3 months
- ₃ 4 to 6 months
- ₄ 6 or more months
- ₅ No answer

APPENDIX B

<p>14.c. Pay your telephone bill?</p> <p><input type="radio"/> Yes [Go to 14C1] <input type="radio"/> No [Go to 14D] <input type="radio"/> No answer [Go to 14D]</p>	<p>14.c.1. How often did this happen in the past 12 months?</p> <p><input type="radio"/> 1 Month <input type="radio"/> 2 or 3 months <input type="radio"/> 4 to 6 months <input type="radio"/> 6 or more months <input type="radio"/> No answer</p>
<p>14.d. Buy food?</p> <p><input type="radio"/> Yes [Go to 14D1] <input type="radio"/> No [Go to 14E] <input type="radio"/> No answer [Go to 14E]</p>	<p>14.d.1. How often did this happen in the past 12 months?</p> <p><input type="radio"/> 1 Month <input type="radio"/> 2 or 3 months <input type="radio"/> 4 to 6 months <input type="radio"/> 6 or more months <input type="radio"/> No answer</p>
<p>14.e. Buy prescriptions for medicine?</p> <p><input type="radio"/> Yes [Go to 14E1] <input type="radio"/> No [Go to 14F] <input type="radio"/> No answer [Go to 14F]</p>	<p>14.e.1. How often did this happen in the past 12 months?</p> <p><input type="radio"/> 1 Month <input type="radio"/> 2 or 3 months <input type="radio"/> 4 to 6 months <input type="radio"/> 6 or more months <input type="radio"/> No answer</p>
<p>14.f. See a doctor or get medical assistance?</p> <p><input type="radio"/> Yes [Go to 14F1] <input type="radio"/> No [Go to 15] <input type="radio"/> No answer [Go to 15]</p>	<p>14.f.1. How often did this happen in the past 12 months?</p> <p><input type="radio"/> 1 Month <input type="radio"/> 2 or 3 months <input type="radio"/> 4 to 6 months <input type="radio"/> 6 or more months <input type="radio"/> No answer</p>
<p>Personal Finances</p>	
<p>15. Do you currently have a savings or checking account at a bank or a credit union?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No answer</p>	

16. How much money do you currently have saved?

This includes money at home; in a savings, checking, credit union, or money market account; and certificates of deposit. Do not include pension funds or retirement accounts.

- ₁ \$0
- ₂ \$1- \$500
- ₃ \$501-\$1,000
- ₄ \$1,001-\$2,000
- ₅ \$2,001-\$5,000
- ₆ \$5,001-\$10,000
- ₇ \$10,001-\$20,000
- ₈ More than \$20,000
- ₉ No answer

17. When you think about all your loans including, for example, money borrowed from friends or family, car loans, credit card debt, and student loans, what is the total amount you owe?

- ₁ \$0
- ₂ \$1- \$500
- ₃ \$501-\$1,000
- ₄ \$1,001-\$2,000
- ₅ \$1,001-\$5,000
- ₆ \$5,001-\$10,000
- ₇ \$10,001-\$20,000
- ₈ More than \$20,000
- ₉ No answer

Educational Attainment

18. What is the highest level of education that you have completed?

- ₁ Grade 9 or less
- ₂ Grade 10 or grade 11
- ₃ Attended grade 12 but did not receive high school diploma or GED certificate
- ₄ GED certificate
- ₅ High school diploma
- ₆ Some college
- ₇ Associate's or two-year degree
- ₈ Four-year college degree or higher
- ₉ No answer

19. Are you currently taking college courses for credit toward an Associate’s degree or Bachelor’s degree?

- Yes
- No
- No answer

20. Do you have any type of trade license or training certificate?

For example: A Commercial Driver’s License (CDL), Certified Nursing Assistant (CNA), or some other kind of certificate.

- Yes
- No
- No answer

21. Are you currently taking any training courses or education classes to improve your skills, help you do a job, or find employment?

Please include things like computer training and basic skills courses or classes.

- Yes
- No
- No answer

22. Are you currently receiving job search assistance (such as resume help, interview assistance, etc.) from a housing authority, temp agency, or any other program or organization to find a new or additional job?

- Yes
- No
- No answer

Employment Status

23. Are you currently working for pay or self-employed?

- Yes **[Go to 24]**
- No **[Go to 28]**
- No answer **[Go to 24]**

24. Which situation best describes your current employment?

- I work for pay at a regular job
- I am self-employed
- I work at a temporary or seasonal job
- No answer

25. How many jobs do you currently have?

- 1
- 2
- 3
- 4 or more
- No answer

26. Counting all of your current jobs or businesses, how many hours do you typically work per week?

_____ Hours

[If you don't know the exact number of hours, please check one range amount below]

26.a

- 1-20 hours
- 21-34 hours
- 35-48 hours
- 49 or more hours
- No answer

27. Counting all of your current jobs or businesses, how much do you earn before taxes?

27.a. Pay:

\$ _____.

- No answer

27.b. Per:

- Hour
- Day _____
2.A Number of days per week of work
- Week
- Every two weeks
- Twice per month
- Month
- Year
- Other _____
8.A Specify
- No answer

28. In the past 12 months, about how many months have you worked for pay or earned money from self-employment?

Count any month in which you worked at least one day part-time or full-time.

- 55 Did not work at any time
- 1 1 Month
- 2 2 Months
- 3 3 Months
- 4 4 Months
- 5 5 Months
- 6 6 Months
- 7 7 Months
- 8 8 Months
- 9 9 Months
- 10 10 Months
- 11 11 Months
- 12 12 Months
- 13 No answer

29. Could you use public transportation (such as a bus, train, subway, or light-rail) to get to work, if necessary?

- 1 Yes
- 2 No
- 3 No answer

30. Do you have or could you borrow a car, van, or truck, or get a ride to get to work, if necessary?

- 1 Yes
- 2 No
- 3 No answer

Child Care

31. Do you have any children under the age of 13 for whom you are responsible for and who usually live in your household at least two nights a week?

- 1 Yes **[Go to 32]**
- 2 No **[Go to 36]**
- 3 No answer **[Go to 36]**

32. Do you use any of the following program(s) or person/people to take care of your child(ren) while you are at work or attending a class, school, or job training?

[Check all that apply]

- ^A Relative (grandparent, aunt, uncle, sibling of the child, etc.)
- ^B Unrelated adult in your home or another home
- ^C Center-based preschool care (child care center, daycare, nursery school, Head Start, preschool, after-school or before-school program)
- ^D After-school or before-school program or, when school is out, a summer camp
- ^E Other

^{E.1} Specify

^F Do not use any [Go to 36]

^G No answer

33. Do you pay for any of the following program(s) or person/people to take care of your child(ren) while you are at work or attending a class, school, or job training?

[Check all that apply]

- ^A Relative (grandparent, aunt, uncle, sibling of the child, etc.)
- ^B Unrelated adult in your home or another home
- ^C Center-based preschool care (child care center, daycare, nursery school, Head Start, preschool, after-school or before-school program)
- ^D After-school or before-school program or, when school is out, a summer camp
- ^E Other

^{E.1} Specify

^F Do not pay for any [Go to 34]

^G No answer

34. How much in total do you currently pay per week for all child care arrangements?

\$_____ (\$0-\$1,000, 1001=More than \$1,000)

[If you don't know the exact amount, please check one range amount below]

34.a.

- ₁ \$1 - \$100
- ₂ \$101 - \$250
- ₃ \$251 - \$500
- ₄ \$501 - \$750
- ₅ \$751 - \$1000
- ₆ More than \$1000
- ₇ No answer

35. Are you currently receiving help paying for child care from [Insert name of state agency] or any other program or agency?

- ₁ Yes
- ₂ No
- ₃ No answer

Employment Access Issues

36. Does difficulty paying for child care or after-school supervision limit the kind or amount of work that you can do?

- ₁ Yes
- ₂ No
- ₃ No answer

37. Do you have a physical health problem that limits the kind or amount of work that you can do?

- ₁ Yes
- ₂ No
- ₃ No answer

38. Do you have an emotional or mental health problem that limits the kind or amount of work that you can do?

- ₁ Yes
- ₂ No
- ₃ No answer

39. Does the need to care for a sick or disabled family member limit the kind or amount of work that you can do?

- ₁ Yes
- ₂ No
- ₃ No answer

40. Have you ever been convicted of a felony?

- ₁ Yes
- ₂ No
- ₃ No answer

Health and Health Insurance

41. What kind of health insurance are you currently AND primarily covered by?

- ₁ By public health insurance (ex.: Medicaid, Medicare, VA, Tri-Care, or a state or local program)
- ₂ By employer-provided health insurance through either my work or my spouse's work
- ₃ Other private health insurance
- ₄ I am not covered by health insurance
- ₅ No answer

Contact Information

Please provide address and phone numbers for the voucher holder/ head of household.

42. Home Address:

_____		_____
42.A Street Address		42.B Apt. #
_____	_____	_____
42.C City	42.D State	42.E Zip code

43. Phone Numbers

43.A Home phone number:
(_____) _____ - _____

43.B Mobile phone number:
(_____) _____ - _____

43.C Work phone number:
(_____) _____ - _____

44. Email address:

Additional Contact Information

Please provide the names, address, and telephone numbers of two family members or friends who will know how to reach you if we have difficulty contacting you.

CONTACT 1:

45. Name

45.A First Name: _____ 45.B Middle Initial: _____

45.C Last Name: _____

46. Relationship to you: _____

47. Street Address

_____ 47.A Street Address 47.B Apt. #

_____ 47.C City 47.D State 47.E Zip code

48. Phone

48.A Home phone: (_____) _____ - _____

48.B Cell phone: (_____) _____ - _____

49. Email address: _____

CONTACT 2:

50. Name

50.A First Name: _____ 50.B Middle Initial: _____

50.C Last Name: _____

51. Relationship to you: _____

52. Street Address

_____ 52.A Street Address 52.B Apt. #

_____ 52.C City _____ 52.D State _____ 52.E Zip code

53. Phone

53.A Home phone: (_____) _____ - _____

53.B Cell phone: (_____) _____ - _____

54. Email address: _____

FOR INTERVIEWER:

55. How well does the client speak English?

- 1 Very well
- 2 Well
- 3 Not very well
- 4 Not at all
- 5 No answer