

**WESTERN MASS NETWORK - HOUSING COURT RECORD OF SERVICE**

**CASE #** \_\_\_\_\_ **ZIP Code/City** \_\_\_\_\_

**Household Type:** ☐ Family ☐ Individual

**Number of members in household (including head of household):**

\_\_\_\_\_ less than 18 \_\_\_\_\_ 18 years and older

**Head of Household Information:**

*Gender:* ☐ Male ☐ Female

*Ethnicity:* ☐ Hispanic ☐ Non-Hispanic

*Race:* ☐ Black/African American ☐ Asian ☐ White ☐ Native American

*Disability?* ☐ Yes ☐ No

*Veteran?* ☐ Yes ☐ No

**Annual Income:** \$ \_\_ \_\_, \_\_ \_\_ \_\_ **OR** **Monthly Income:** \$ \_\_ \_\_, \_\_ \_\_ \_\_

**Nature of Problem:**

☐ *Substandard Housing Unit:*

☐ subsidy ☐ non-subsidy

☐ *Eviction:*

☐ subsidy ☐ non-subsidy

☐ non-payment or ☐ cause One-time event? ☐ yes ☐ no

☐ *Additional Information:* \_\_\_\_\_

**(See Reverse Side)**

**Service Provided/Outcome as of end of visit:**

☐ Referred to \_\_\_\_\_

☐ Advocacy during mediation      ☐ Advocacy with landlord/landlord's attorney (no court staff)

☐ Screened for eligibility/intake appointment made to complete application and case continued

Additional Information \_\_\_\_\_

**Was Tenancy Preserved?**    ☐ Yes ☐ No

If no, what additional support/advocacy was provided: \_\_\_\_\_

**Organization Filling Out Form:**

☐ HAP      ☐ Catholic Charities    ☐ WMLS      ☐ Springfield Partners

☐ TPP      ☐ Community Action

**Other:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_