Example 2.1.4 Rental Assistance questionnaire/ checklist

*Note: this is a real example of a questionnaire used in interviews with host communities when trying to determine eligibility for rental assistance in the Ukraine 2022 response in Slovakia*

|  |  |
| --- | --- |
| **Case Number instead of name**  |  |
| **Gender** |  |
| **Age** |  |
| **Address** |  |
| **Nationality** |  |
| **Is anyone in the family a person with a disability or suffering from a chronic illnesses ? Y/N** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Checklist**  | **Yes** | **No** | **NA** |
| 1. **Inclusion criteria**
 |  |  |  |
| 1. Are you renting a place?
 |  |  |  |
| 1. Do you have an agreement?
 |  |  |  |
| 1. Do you have the latest receipt of payment?
 |  |  |  |
| 1. Do you pay rent through a bank
 |  |  |  |
| 1. **Do you confirm the below;**
 |  |  |  |
| 1. None in the HH is the owner of the housing unit you are renting or any other housing unit.
 |  |  |  |
| 1. None in the HH is related (by marriage, blood or adoption) to the landlord.
 |  |  |  |
| 1. The housing unit is not managed by the Gov Housing Agency (it must not be social housing).
 |  |  |  |
| **These responses are self-attestation and if the answer to all questions is yes, proceed to the next question.**  |  |  |  |
| 1. **Vulnerability criteria**
 |  |  |  |
| 1. How many members are in the household? HSP staff fills the below table
 |  |  |  |
|

|  |  |  |
| --- | --- | --- |
| **Age groups**  | **Nos**  | **Total**  |
| **Female**  | **Male**  |
| >65 years  |  |  |  |
| From 18-65 years  |  |  |  |
| <18 years  |  |  |  |
| From 3-5 years  |  |  |  |
| <3 years  |  |  |  |
| **G- Total**  |  |

 | NA | NA | NA |
| 1. **Are you a Single-headed household or elderly-headed HH with at least one of the below conditions?**
 |  |  |  |
| 1. With 3 or more children and/or 2 or more children of schooling age (IDs, birth certificates, or any other document that can prove it).
 |  |  |  |
| 1. With dependents who need medical care such as: people with disabilities in the HH or dependent from the HH; people in need of medical care in the HH or dependent on the HH (children, parents…). With a letter/certificate from the healthcare provider, doctor or, social service stating the medical condition of the dependent(s).
 |  |  |  |
| 1. Single Elderly. With a pension of < 600 Euro (65 years old or more, with pension statement or certificate).
 |  |  |  |
| 1. Single mother with a child having no support from husband or ex-partners and having an income of <800Euro/month
 |  |  |  |
| **If the answer to 2, and any of a, b, and c. yes. The applicant is qualified.** ***The applicant will show the document to HSP staff. Staff members will fill the checklist after verifying the information from the shown documents and 2 staff members will sign the checklist and upload this checklist on the case management system and fill the Yes/No boxes .***  |  |  |  |
| 1. **Are you a Caregiver who was NOT ELIGIBLE for state contribution?** *(with a rejection letter from Gov assistance).*
 |  |  |  |
| 1. **Are you on maternity leave** *(with a maternity report issued by the State Health Service). Skip this question for males if not applicable*
 |  |  |  |
| 1. **Are you on the waiting list for social housing?** *(with official communication from Socialne Byvanie*
 |  |  |  |
| 1. **Are you benefiting from a state contribution already, but it is not sufficient to cover the rent?**
 |  |  |  |
| **If the answer to any of the above questions is yes. The applicant is eligible**  |  |  |  |
| **For HSP Staff** |  |  |  |
| *The applicant is recommended for a rental contribution*  |  |  |  |
| *The applicant is* ***not*** *recommended for rental contribution* |  |  |  |
| Further information is required, Decision Pending  |  |  |  |
| **Comment if any from the staff:**  |

Name of HSP staff 1: --------------------------------- Name of staff member 2---------------------------------------

Branch: ----------------------------------- Signatures staff member 2------------------------------------

Signature: ------------------------------------

Date: ------------------------------------