**APPLICATION FOR ASSISTANCE**

APPLICANT NAME: (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MI) \_\_\_\_

HOUSEHOLD SIZE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW MANY ADULTS? \_\_\_\_\_ HOW MANY CHILDREN? \_\_\_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING?** (*Check the appropriate one(s))*

□Rent Assistance/Security Deposit □Emergency Shelter □Utility Assistance □Late Rent Payment

**HAVE YOU RECEIVED SERVICES FROM US BEFORE?** □YES □NO

**IF SO, WHEN?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WHAT HAPPENED/RESULT?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHERE DID YOU SPEND THE NIGHT LAST NIGHT?**

□Emergency Shelter

□Transitional Housing for Homeless

□Permanent housing for formerly homeless persons

□Psychiatric Hospital/Facility

□Substance Abuse Treatment Center/Detox

□Hospital

□Jail/Prison/Juvenile Detention Facility

□Rental unit without subsidy

□Owned House without subsidy

□Staying with Family

□Staying with Friends

□Hotel/Motel without shelter voucher

□Foster Care/Foster Group Home

□Place not meant for habitation (car, tent, park)

□Safe Haven

□Rental with VASH subsidy

□Rental – with subsidy

□Owned House with subsidy

□Non VA Contracted half-way house

□VA contracted half way program

□Food pantry

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LENGTH OF STAY:** □One week or less □One week, but less than one month □1-3 months

 □More than 3months, but less than 1 year □One year or longer

**DATE RESIDENCY BEGAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Permanent Zip Code (or City/State if Zip unknown)**:\_\_\_\_\_\_\_\_\_\_\_

**ARE YOU A** **SURVIVOR OF DOMESTIC VIOLENCE?** □YES □NO For how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARE YOU FEELING UNSAFE NOW?** □YES □NO (Do want this information to remain confidential? □YES □NO

**HAVE YOU PARTICIPATED IN ANY PUBLIC HOUSING PROGRAMS IN THE PAST?** □YES □NO

**MODE OF TRANSPORTATION?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IS ANYONE IN THE HOUSEHOLD ON PROBATION?** □YES □NO **PAROLE?** □YES □NO

**AGENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOES ANYONE IN THE HOUSEHOLD RECEIVE THE FOLLOWING NON-CASH BENEFITS?** □YES □NO

**Who in the household has which non-cash benefits?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Temporary Rent Assistance

□Section 8 Housing/Public Housing

□VA Medical

□Medicare

□Medicaid

□BadgerCare (SCHIP)

□TANF Childcare *Amount* \_$\_\_\_\_\_\_\_\_\_\_

□Other TANF Funded Service

□TANF Transportation

□WIC

□Food Share (SNAP) *Amount* $\_\_\_\_\_\_\_\_\_\_\_

□Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**DOES ANYONE IN YOUR HOUSEHOLD HAVE A DISABLING CONDITION OF LONG DURATION?** □YES □NO

NAME OF PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHAT CONDITION(S)? *(See List Below):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*If more than 1 condition, indicate which condition for each of the following questions:*

DIAGNOSED BY DOCTOR/THERAPIST/AODA COUNSELOR? YES/NO CURRENTLY RECEIVING TREATMENT/SERVICES? YES/NO

SSA DETERMINED? □YES □NO IF NO, APPLICATION PENDING? □YES □NO DATE FILED: \_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHAT CONDITION(S)? *(See List Below):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*If more than 1 condition, indicate which condition for each of the following questions:*

DIAGNOSED BY DOCTOR/THERAPIST/AODA COUNSELOR? YES/NO CURRENTLY RECEIVING TREATMENT/SERVICES? YES/NO SSA DETERMINED? □YES □NO IF NO, APPLICATION PENDING? □YES □NO DATE FILED: \_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS:

*List of Disabling Conditions:*

Alcohol Abuse

Developmental

Drug Abuse

HIV/AIDS

Mental Health Condition

Physical (includes mobility)

Physical/Medical (includes chronic health conditions)

Other

### INCOME SOURCE

###  Household Member Type of Income Start Date Hourly Amount Hrs/per week Monthly Gross Yearly Gross

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*Type of Income Key:* Alimony Child Support Earned Income General Assistance Pension Private Disability Ins.

Retirement (SS) SSDI SSI TANF Unemployment Veteran Disability Payment Veteran Pension

Worker’s Comp

**TOTAL ANNUAL HOUSEHOLD INCOME:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **COUNTY MEDIAN INCOME:** □0-30% CMI □31-50% CMI □51-80% CMI

**HOUSEHOLD COMPOSITION**

□Single

□Female Single Parent

□Male Single Parent

□Married Couple & Child(ren)

□Unmarried Couple (parent & partner) & Child(ren)

□Extended Family

□Married Couple w/o Children

□Unmarried Couple w/o Children

□Related caregiver (Custody)

□Related Caregiver (w/o Custody)

□Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Unrelated Caregiver (Custody)

□Unrelated Caregiver (w/o Custody)

 Name Social Security Relationship Veteran Hispanic Student Citizen

 First MI Last Number to HH Gender Date of Birth Age Y/N Race(s) Y/N Y/N Status

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**RACE CODES: AI-American Indian/Alaska Native NH-Native Hawaiian/Pacific Islander A-Asian B-Black/African American W-White**

**CITIZENSHIP STATUS: NB-Natural Born N-Naturalized O-Other Legal Immigrant I-Illegal Immigrant**

**Does anyone have an alias, nickname, shortened name?** □YES □NO **Indicate who and what the name is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does anyone have a Maiden Name or Previous Last Name?** □YES □NO **Indicate who and what the name is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are a Veteran, do you have a DD-214?** □YES □NO **Do you currently receive benefits/services?** □YES □NO

**Has any adult in the household ever had placement in a foster care system? □YES □NO Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, which state(s)? \_\_\_\_\_\_ Age you left the foster care system? \_\_\_\_\_\_\_**

**Homeless-Specific Service:**

**Reason for Current Homeless Episode (check primary & secondary):**

□Addiction

□Moved

□Can‘t find affordable housing

□Moved to Seek Work

□Denied/delayed/term public assistance

□Needs Better Environment

□Disaster (fire, flood, etc.)

□Non-renewal of Lease

□Discharge-hospital or Detox

□ Physical/Mental Disabilities

□Eviction

□Poor Rental/Credit History

□ Family/Domestic Violence

□Roommate or Family Conflict

□Family/Personal Illness/ Injury

□ Transient

□Unknown In Transit

□ Unable to pay Mortgage/Rent

□Jail/Prison-Criminal history

□Unemployment

□Lifestyle Preference

□ Low or no income

□Other

**Other information:**

*To be completed by Agency Staff:*

**Which category of homeless does the individual/family meet? (1-4)** \_\_\_\_\_\_\_ **Homeless Verification Completed?** □ YES □NO

**Is this the first time the individual/family has been homeless?** □ YES □NO

If yes, complete the following chart regarding previous episodes:

|  |  |  |
| --- | --- | --- |
| **Date Homelessness Began** | **Date Homelessness Ended** | **What happened? Where did you stay? How was it resolved?** |
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\*\**Note: If the individual/family has been homeless for 1 year or 4 times in 3 years (in Emergency Shelter or Place Not Mean for Human Habitation only) and there is a disabling condition for an adult – they are defined as chronically homeless.*

**Prevention-Specific Service:**

**Do you have a 5-day Notice?** □ YES □NO **Do you have a 14-day Notice from Landlord?** □ YES □NO

**Have you been served with Court Papers?** □ YES □NO **When is the Court Date?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a lease?** □ YES □NO **Who is your landlord?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your current rent amount?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How much are you behind (owe)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the household had a sudden loss of income?** □ YES □NO

**Is the household paying more than 50% for housing?** □ YES □NO

*Calculation:* Monthly HH income (\_\_\_\_\_\_\_) x .50 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & then compare to current rent amount.

**Other information:**

I understand that the information contained in this application is provided voluntarily. The information is true and correct to the best of my knowledge. I am aware that providing false information or not reporting pertinent information is fraud. I also agree to notify the agency of any changes in income, family/household size, or address within 24 hours of such change. If I provide any false information, I understand that services may be denied. I understand that completion of this application does not guarantee that I will receive assistance. I further understand that if I receive assistance at this time it makes me ineligible to receive assistance again for at least twelve (12) months.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date