

# HOMELESS PREVENTION PROGRAM APPLICATION

INTAKE WORKER \_\_\_\_\_ DATE: \_\_\_\_\_  
(Agency use only)

**PART 1: APPLICANT INFORMATION** DATE: \_\_\_\_\_

**Check One** \_\_\_\_\_ Family \_\_\_\_\_ Individual

**Referred By:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Head of Household -Last) (First) (MI) (Social Security #)

**Address:** \_\_\_\_\_  
(Street) (City/County) (Zip)

**Home Phone/Cell Phone:** \_\_\_\_\_ / \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
(Name and Phone)

**Marital Status:**  Single  Widowed  Married (not w/spouse)  Married (living w/spouse)  Divorced  
 Single living w/ Partner

**Sex:**  Male  Female  Transgender

**Veteran:**  Yes  No (If yes provide DD214)

**Disability:**  Yes  No  
If Yes, please list type of Disability: \_\_\_\_\_  
Are you currently receiving services/treatment: \_\_\_\_\_

## **CURRENT LOCATION**

Are you in living on the street? \_\_\_\_\_ If Yes, how long? \_\_\_\_\_  
Are you in a Shelter? \_\_\_\_\_ If Yes, how long? \_\_\_\_\_  
Are you in a Safe Haven? \_\_\_\_\_ If Yes, how long? \_\_\_\_\_  
Are you staying with Friend/ Family Member? \_\_\_\_\_ If Yes, how long? \_\_\_\_\_

Have a Court Ordered Eviction? \_\_\_\_\_

Have an Eviction Notice? \_\_\_\_\_

Amount Requested: Security Deposit: \$ \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Have you applied for HUD Voucher?  YES  NO  
Do you receive any type of Housing Assistance?  YES  NO  
How much and from what source? \_\_\_\_\_

**PART 2: FAMILY INFORMATION: List ALL Family Members Below (including applicant).**

Please list gross payments(before taxes) made to each family member age 18 or older for wages, worker’s compensation, social security, SSI, disability, welfare assistance, unemployment, retirement, child support, alimony, military pay, periodic gifts, barter income, and business income.

Legal Name & Social Security #	Relation to Applicant	Ethnicity	Race (Circle One)	Age and DOB	Gross Monthly Income
	Self	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino	White, Black/African Amer., Asian, American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander, Client Refused, Data Not Collected	Age:____ / /	
		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino	White, Black/African Amer., Asian, American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander, Client Refused, Data Not Collected	Age:____ / /	
		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino	White, Black/African Amer., Asian, American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander, Client Refused, Data Not Collected	Age:____ / /	
		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino	White, Black/African Amer., Asian, American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander, Client Refused, Data Not Collected	Age:____ / /	
		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino	White, Black/African Amer., Asian, American Indian, Alaskan Native, Native Hawaiian or Other Pacific Islander, Client Refused, Data Not Collected	Age:____ / /	

**PART 3: EMPLOYMENT STATUS:**

**Hours Worked in the Past Week:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Employer Phone Number:** \_\_\_\_\_

**Type of Work:**  Self-employed  Full-time  Part-time  Temporary  Seasonal  None

**Asset Information:**

Please list all checking, savings, other bank accounts, stocks, bonds, CDs, trust, real estate, and income tax returns if received in the last 90 days, or cash held by any family member (regardless of age).

Name	Type of Acct	Balance

**PART 4: CERTIFICATION OF HOMELESSNESS**

Check *only one* definition below:

I, \_\_\_\_\_, certify that:  
(printed applicant name)

- \_\_\_\_\_ My primary nighttime residence is a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- \_\_\_\_\_ My primary residence is a supervised publicly or privately operated shelter.
- \_\_\_\_\_ My primary nighttime residence is an institution that provides a temporary residence for individuals intended to be institutionalized.
- \_\_\_\_\_ My primary nighttime residence is a friend or family members floor.
- \_\_\_\_\_ Not applicable.

**Signature of Applicant:** \_\_\_\_\_

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**PART 5: HOMELESS PREVENTION ASSISTANCE CERTIFICATION**

I, \_\_\_\_\_ certify that:  
(printed applicant name)

*Read and check each definition that applies below:*

- \_\_\_\_\_ I am unable to make rental payments due to a sudden reduction in income.
- \_\_\_\_\_ Financial assistance is necessary to avoid eviction termination.
- \_\_\_\_\_ There is a reasonable expectation that I will be able to resume the payments after my household receives temporary assistance.
- \_\_\_\_\_ I understand that this is temporary assistance.

**Signature of Applicant:** \_\_\_\_\_

**PART 6: CRIMINAL BACKGROUND**

Are you or anyone in your household a Registered Sex Offender? NO YES

Do you or anyone in your household have charges Pending? NO YES

Have you ever been on Probation or Parole  NO YES- **Probation Officer Name:** \_\_\_\_\_

Do you or anyone in your household have a Felony? NO YES – **Charge:**\_\_\_\_\_

**PART 7: PRIOR TO CRISIS: CHECK HOUSEHOLD RESIDENCY**

- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
  - Place not meant for human habitation
  - Hotel or motel paid for without emergency shelter voucher
  - Transitional housing for homeless persons
  - Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
  - Staying or living in a family member's room, house, or apartment
  - Rental unit, no housing subsidy
  - Other: \_\_\_\_\_
  - Owned by client, no housing subsidy
  - Owned by client, with housing subsidy
  - Foster care home or foster group home
  - Hospital (non-psychiatric)
  - Psychiatric hospital or other psychiatric facility
  - Substance abuse treatment facility or detox center
  - Jail, prison, or juvenile detention facility
  - Safe Haven
  - Rental unit, with VASH housing subsidy
  - Rental unit, with other non-VASH subsidy
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**PART 8: FAMILY BUDGET:**

Completion of this section is for a comprehensive view of your situation.  
List all current and/or projected monthly household expenses:

- \$ \_\_\_\_\_ rent
- \$ \_\_\_\_\_ cable
- \$ \_\_\_\_\_ phone
- \$ \_\_\_\_\_ cell phone
- \$ \_\_\_\_\_ electricity
- \$ \_\_\_\_\_ gas
- \$ \_\_\_\_\_ food
- \$ \_\_\_\_\_ water
- \$ \_\_\_\_\_ installment payments (credit)
- \$ \_\_\_\_\_ medical payments
- \$ \_\_\_\_\_ fuel
- \$ \_\_\_\_\_ car payment
- \$ \_\_\_\_\_ other \_\_\_\_\_ (specify)

TOTAL: \$ \_\_\_\_\_

**PART 9: BENEFITS:**

Completion of this section is for a comprehensive view of your situation.  
List all current and/or projected monthly household benefits and amount:

- \$ \_\_\_\_\_ SNAP (food stamps)
- \_\_\_\_\_ Medicaid
- \_\_\_\_\_ Medicare
- \_\_\_\_\_ SCHIP
- \_\_\_\_\_ Special Supplement Nutrition Program (WIC)
- \_\_\_\_\_ Veterans Administration (VA)
- \_\_\_\_\_ Veterans Medical Services
- \$ \_\_\_\_\_ TANF Child Care
- \$ \_\_\_\_\_ Other TANF – Funded Services
- \_\_\_\_\_ Section 8, Public Housing, or Rental Assistance

**Part 10: TRIGGER EVENT**

Why did you leave your **LAST** housing situation? (Check all that apply)

- Eviction: Rent Problems
- Went to Prison or Jail: For: \_\_\_\_\_
- Eviction: OTHER than rent problems
- Psychiatric hospital or other psychiatric facility
- Conflict with family or friends
- Went into hospital. For: \_\_\_\_\_
- Overcrowding
- Domestic Violence
- Fire
- Housing Condemned
- Other: \_\_\_\_\_

**Briefly explain the trigger event that put your household in crisis...**

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**Part 11: Domestic Violence**

Are you in danger of someone physically hurting you or any member of your household?

\_\_\_\_\_No

\_\_\_\_\_Yes (Need copy of Protection Order, Police Report, Letter from Domestic Violence Agency)

**Have you previously applied for or received financial assistance from this program? \_\_\_\_\_ . If yes, when: \_\_\_\_\_**

► Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposed cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject t a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the office or employee of HUD or the owner responsible for unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6) (7) (8). Violation of these provisions are cited as violations of 42 USC 408 (a) (6) (7) and (8).

**I hereby acknowledge that the information submitted on this application is true and correct to the best of my knowledge.**

**Printed Name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**(FOR AGENCY USE ONLY)**

**Date Received:** \_\_\_\_\_

**Eligible?:** \_\_\_\_\_ **Appointment made for:** \_\_\_\_\_

**If no why:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Denial Letter Mailed:** \_\_\_\_\_

**Intake/ Case Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_