



Housing Assistance Application

Head of Household Information

Date: _____

Last Name _____ First Name: _____ Middle: _____

Note: Names should be legal names only, not aliases or nicknames

Suffix (circle one) II III IV Jr Sr None Other If other suffix, please specify _____

SSN _____ - _____ - _____ Birthdate ____ / ____ / ____ Age _____

Phone Number(s) _____

Current Address _____
Street Number / PO Box City State Zip

Gender (check one)

- Female
 Male

Veteran Status Yes No

Disabling Condition? Yes No Pending Don't Know Refused (circle one)

Hispanic/Latino Yes No Don't Know Refused (circle one)

Race (check all that apply)

- White
 American Indian/Alaskan Native
 Black/African-American
 Asian
 Native Hawaiian/Other Pacific Islander
 Don't Know
 Refused

Zip Code of Last Permanent Residence _____ Don't Know

Housing Status (check one)

- Literally Homeless
 Imminently at-risk of becoming literally homeless
 Precariously housed and at risk of homelessness
 Stably housed

Section 2: HOUSING ASSISTANCE APPLICATION

Have you been homeless more than once in the past 12 months? Yes No

Where have you been staying primarily for the past month if homeless?

Have you received an eviction notice? Yes No **If yes, when?** _____

How much do you pay in rent per month? _____ **How much do you pay in utilities?** _____

How many bedrooms? _____ **Do you owe back rent?** Yes No **If yes, amount owed** _____

Prior Residence

Type of Residence (check one)

- Emergency Shelter
- Transitional Housing for homeless persons (including homeless youth)
- Permanent housing for formerly homeless persons
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital (non-psychiatric)
- Jail, prison or juvenile detention facility
- Rental by client, no housing subsidy
- Owned by client, no housing subsidy
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach programs only)"
- Other (Please specify _____)
- Safe Haven
- Rental by client, with VASH housing subsidy
- Rental by client, with other (non-VASH) housing subsidy
- Owned by client, with housing subsidy

Length of Stay at Prior Residence (check one)

- One week or less
- More than one week, but less than one month
- One to three months
- More than three months, but less than one year
- One year or longer

Have you experienced a recent and unexpected drop in income? Yes No

If yes, please explain in detail:

Section 2: HOUSING ASSISTANCE APPLICATION

Income and Sources

Income received from any source in past 30 days?

Yes No (circle one)

If yes, fill out the following:

Source	Yes	No	Monthly Income Amount
Earned Income (i.e., employment income)			\$
Unemployment Insurance			\$
Supplemental Security Income (SSI)			\$
Social Security Disability Income (SSDI)			\$
Veteran's disability payment			\$
Private disability insurance			\$
Worker's compensation			\$
Temporary Assistance for Needy Families (TANF)			\$
Alimony or other spousal support			\$
Retirement income from Social Security			\$
Veteran's pension			\$
Pension from a former job			\$
Child support			\$
Other source			\$
Other source			\$

If other source, please specify _____

Total average monthly income amount \$ _____

Non-Cash Benefits

Non-cash benefit received from any source in past 30 days?

Yes No Don't Know (circle one)

If yes, fill out the following:

Source	Yes	No	Monthly Benefit Amount
Food stamps or money for food on a benefits card			\$
MEDICAID health insurance program			\$
MEDICARE health insurance program			\$
State Children's Health Insurance Program			\$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)			\$
Veteran's Administration (VA) Medical Services			\$
TANF Child Care services			\$
TANF transportation services			\$
Other TANF-funded services			\$
Section 8, public housing, or other rental assistance			\$
Other source			\$

If other source, please specify _____

Physical Disability Yes No Don't Know Refused (circle one)

If yes, currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?

Yes No Don't Know Refused (circle one)

Developmental Disability Yes No Don't Know Refused (circle one)

If yes, currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?

Yes No Don't Know Refused (circle one)

Chronic Health Condition Yes No Don't Know Refused (circle one)

If yes, currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?

Yes No Don't Know Refused (circle one)

Mental Health Problem Yes No Don't Know Refused (circle one)

(If client has a mental health problem) expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

Yes No Don't Know Refused (circle one)

(If client has a mental health problem) currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?

Yes No Don't Know Refused (circle one)

Substance Abuse (check one)

No

Section 2: HOUSING ASSISTANCE APPLICATION

- Alcohol abuse
- Drug abuse
- Both alcohol and drug abuse
- Refused

(If client has a substance abuse problem) expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

Yes No Refused (circle one)

(If client has a substance abuse problem) currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?

Yes No Don't Know Refused (circle one)

HIV/AIDS Yes No Refused (circle one)

If yes, currently receiving services or treatment for this condition or received services/treatment prior to exiting the program?

Yes No Don't Know Refused (circle one)

Domestic Violence Experience Yes No Refused (circle one)

If yes, when experience occurred (check one)

- | | |
|--|---|
| <input type="checkbox"/> Within the past three months | <input type="checkbox"/> More than a year ago |
| <input type="checkbox"/> Three to six months ago | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> From six to twelve months ago | <input type="checkbox"/> Refused |

Employment

Employed Yes No (circle one)

Number of hours currently working per week _____

Tenure (check one)

- Permanent
- Temporary
- Seasonal

If not working, looking for work

Yes No (circle one)

Adult Education (at least 18 years of age)

Currently in school or working on a degree or certificate

Yes No (circle one)

Received vocational training or apprenticeship certificate

Yes No (circle one)

Highest level of school completed (check one)

- | | |
|--|---|
| <input type="checkbox"/> No schooling completed | <input type="checkbox"/> 12th grade, no diploma |
| <input type="checkbox"/> Nursery school to 4th grade | <input type="checkbox"/> High school diploma |

Section 2: HOUSING ASSISTANCE APPLICATION

- 5th or 6th grade
- 7th or 8th grade
- 9th grade
- 10th grade
- 11th grade

- GED
- Post-secondary school
- Don't Know
- Refused

Post-secondary Degrees (check all that apply)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Other graduate/professional degree |
| <input type="checkbox"/> Associates | <input type="checkbox"/> Certificate of advanced training or skilled artisan |
| <input type="checkbox"/> Bachelors | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Doctorate | |

If other degree, please specify

Child Education (between 5 and 17 years of age)

Currently enrolled

Yes No Don't Know (circle one)

If yes, Name of School _____

If enrolled, was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?

Yes No Don't Know (circle one)

If enrolled, type of school (check one)

- Public school
- Parochial or other private school
- Don't Know
- Refused

If not enrolled, last date of enrollment ____/____/____

If not enrolled, identify problems with enrolling child (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Lack of available preschool programs |
| <input type="checkbox"/> Residency Requirements | <input type="checkbox"/> Immunization requirements |
| <input type="checkbox"/> Availability of school records | <input type="checkbox"/> Physical examination records |
| <input type="checkbox"/> Birth certificates | <input type="checkbox"/> Other |
| <input type="checkbox"/> Legal guardianship requirements | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Refused |

If other, please specify

Military Information

Military Service Eras (check all that apply)

- Persian Gulf Era (August 1991 – Present)
- Post Vietnam (May 1975 – July 1991)
- Vietnam Era (August 1964 – April 1975)
- Between Korean and Vietnam War (February 1955 – July 1964)
- Korean War (June 1950 – January 1955)
- Between WWII and Korean War (August 1947 – May 1950)
- World War II (September 1940 – July 1947)
- Don't Know
- Refused

Duration of Active Duty _____ **months**

Served in a war zone

Yes No Don't Know Refused (circle one)

If yes, name of war zone (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Europe | <input type="checkbox"/> Korea |
| <input type="checkbox"/> North Africa | <input type="checkbox"/> South Pacific |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> Persian Gulf |
| <input type="checkbox"/> Laos and Cambodia | <input type="checkbox"/> Other |
| <input type="checkbox"/> South China Sea | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> China, Burma, India | <input type="checkbox"/> Refused |

If Other war zone, please specify _____

If yes, number of months in war zone _____ **months**

If yes, received hostile or friendly fire? Yes No (circle one)

Branch of the military (check all that apply)

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Army | <input type="checkbox"/> Other |
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Marines | |

If Other branch, please specify _____

Discharge status (check one)

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Dishonorable |
| <input type="checkbox"/> General | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Bad conduct | <input type="checkbox"/> Refused |

If Other discharge status, please specify _____

General Health Status (check one)

<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Poor
<input type="checkbox"/>	Very good	<input type="checkbox"/>	Don't Know
<input type="checkbox"/>	Good	<input type="checkbox"/>	Refused
<input type="checkbox"/>	Fair		

Pregnancy Status Yes No Don't Know (circle one)

If yes, due date ____ / ____ / ____

Services Provided

Type of Service (check one)

<input type="checkbox"/>	Homeless prevention
<input type="checkbox"/>	Housing placement
<input type="checkbox"/>	Temporary housing and other financial aid
<input type="checkbox"/>	Case / care management

Household Information

If you are the head of household, record the Names and Birthdates of ALL persons in your household.

Name	DOB	SS #	Sex	Ethnicity	Relationship To Head of Household

Certification of Accuracy

I / We hereby certify that all information contained herein is true and accurate to the best of my knowledge. I / We understand that false statements or information are punishable under Federal Law.

Customer Name

Customer Name

Customer Signature and Date

Customer Signature and Date