

# Continuum of Care Program Rental Assistance Intake Form



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_  
 Referring Agency: \_\_\_\_\_ Referral Person: \_\_\_\_\_  
 Case Manager: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Current Residence if Any: \_\_\_\_\_  
 Telephone Number or Other Means of Contact: \_\_\_\_\_  
 Alternate Means of Contact: \_\_\_\_\_

**Current Living Situation (Note: Must Meet HUD Definition of Homelessness)**

*Please check one:*

- Non-housing (street, car, park, etc.)
- Emergency shelter
- Transitional housing after having been homeless
- Fleeing/attempting to flee domestic violence

*Note: If the participant came from an institution (such as a mental health/substance abuse treatment facility) but was there less than 90 days and was living on the street or in emergency shelter before entering the treatment facility, he/she should be counted in either the street or shelter category, as appropriate.*

Certificate of Homelessness is completed and attached

Can the person be considered chronically homeless (homeless continuously for one year or more or have experienced four episodes of homelessness in the past three years)?

- Yes (documentation is attached)
- No

What is the qualifying disability? \_\_\_\_\_

Is documentation from a professional qualified to make a disability determination attached?

- Yes
- No

Other Household Members: *Please list all family members who will be living in the household*

Relationship	Name	Date of Birth	Age	Social Security Number

Demographics:

Please place the total number of household members in each box.

Ethnicity:

	Hispanic or Latino
	Non-Hispanic or Latino

Race:

	American Indian
	Asian
	Black/African American
	Native Hawaiian/ Other Pacific Islander
	White
	American Indian/Alaskan Native & White
	Asian & White
	Black/African American & White
	American Indian/ Alaskan Native & Black/African American
	Other Multi-Racial

Special Needs Program Qualifications: (For primary program participant only, please check all that apply): Must have a diagnosed Axis I substance use disorder to be eligible for the program)

- Mental Illness
- Alcohol Abuse
- Drug Abuse
- HIV/AIDS and related diseases

Other: (please check all that apply)

- Developmental Disability
- Physical Disability
- Domestic Violence
- Other (please specify)

**Total** Household Monthly Income from EACH of the following sources:

Supplemental Security Income (SSI)	_____
Social Security Disability Income (SSDI)	_____
Social Security	_____
General Public Assistance	_____
Temporary Aid to Needy Families (TANF)	_____
Child Support	_____
Veteran's Benefits	_____
Employment Income	_____
Unemployment Income	_____
Medicare	_____
Medicaid	_____
Food Stamps	_____
Other (please specify)	_____

- No Financial Resources

Bank Accounts

Type of Account	Bank Name and Address	Amount
<input type="checkbox"/> Checking	_____	_____
<input type="checkbox"/> Savings	_____	_____

Other Assets: \_\_\_\_\_

Asset Declaration: I certify that the above listed assets are the only assets of which I am either full or partial owner, that my name does not appear on any other bank accounts, checking accounts, saving certificates, stocks, bonds, or any other kind of asset. I further certified that I have not disposed of any property worth more than \$2,000 in the last two year period.

I certify that all of the information included in this application is true and correct.

Applicant Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The following documentation should be included with this form:

- Signed Release of Information form
- Birth certificate (or verification of birthplace/date from Social Security, proof of application from HSA/DSS for copy of birth certificate, or driver's license)
- Award letter for SSI/SSDI from Social Security Administration, budget from HSA/DSS, or other documentation of income (pay stubs, etc.)
- Documentation of disability (letter from treatment provider, primary care provider, signed by professional qualified to make the diagnosis)
- Certification of Homelessness