



HOUSING FOR HOMELESS

4087 S. US 1 Suite #3, Rockledge, FL 32955
Phone: (321) 639-0166 Fax: (321) 639-0989
www.housingforhomeless.org

INTAKE ELIGIBILITY APPLICATION - FAMILIES

Date _____ Referral Source _____ App Taken By _____ HMIS# _____

Number of Bedrooms: (1, 2, 3, 4) _____ Are you willing to relocate anywhere in Brevard? Yes No

APPLICANT INFORMATION					
Last Name		First Name		Middle	
Address		City, State		Zip	
Phone		E-mail Address		SSN	
D.O.B.		Education Level			
Alt Phone:		Have you ever served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have your DD214 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow

CO-APPLICANT INFORMATION					
Last Name		First Name		Middle	
Address		City, State		Zip	
Phone		E-mail Address		SSN	
D.O.B.		Education Level		HMIS	
Alt Phone:		Have you ever served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have your DD214 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow

CHILD'S NAME	RELATIONSHIP TO APPLICANT	DO YOU HAVE LEGAL CUSTODY?		Age	D.O.B.	Soc. Sec #	School/ Grade	HMIS #
		YES	NO					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					

Total # of Adults: _____ Total # of Children: _____

NO PET POLICY – NO PETS ALLOWED



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HOUSING STATUS

How long have you been in Brevard County? _____ Where is your nearest family? _____

Do you have any family or friends close by you can stay with? Yes No

What is your relationship like with your family? _____

Do you have a support system? Yes No If yes (check below)

- | | |
|--|--|
| <input type="checkbox"/> AA | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> Church/Faith leader | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Healthcare provider |

CURRENT HOUSING

- Friend/Relative Name: _____
- Subsidized Apartment/Public Housing/Section 8 (circle one)
- Shelter Name _____
- Hotel/Motel Paid for by: _____
- Private apartment or house
- Transitional Housing: _____
- Institution: _____
- Unsheltered/Car/Street: _____

CURRENT HOUSING EMERGENCY

- Must Leave/Asked to Leave and Date: _____
- Notice/Court Date from Landlord: _____
- Exiting Hotel/Motel (Date): _____
- Exiting Shelter (Date): _____
- Exiting Transitional Housing (Date): _____
- Unsafe/Unsuitable Housing: _____
- Foreclosure (where you the owner or renter?): _____

SERVICES RECEIVED/ENROLLED IN THE LAST 12 MONTHS

CHECK BOX IF YES AND THE NAME OF THE AGENCY

- | | |
|--|---|
| <input type="checkbox"/> TANF _____ | <input type="checkbox"/> Ex-Offender/Parole _____ |
| <input type="checkbox"/> Day Care _____ | <input type="checkbox"/> Utility Assistance _____ |
| <input type="checkbox"/> Food Stamps _____ | <input type="checkbox"/> Clinic/Medical Services _____ |
| <input type="checkbox"/> Child Protective Services/DCF _____ | <input type="checkbox"/> Behavioral/Mental Health _____ |
| <input type="checkbox"/> Domestic Violence Services _____ | <input type="checkbox"/> Rent Assistance _____ |
| <input type="checkbox"/> Drug/Alcohol Abuse Treatment _____ | <input type="checkbox"/> Other _____ |

Please provide the name and phone number of any case manager, representative payee, or probation/parole officer you are currently working

NON-HOUSEHOLD FRIENDS, RELATIVES & EMERGENCY CONTACTS

NAME	RELATIONSHIP	ADDRESS/PHONE



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REASON FOR RECENT HOUSING AND/OR INCOME LOSS

What brings you here/what happened? Please include the estimated or exact time frame.

HOUSING HISTORY

Any previous apartment, Section 8 or Public Housing? Yes No If yes, when and where?

What Zip Code was your last address? County: City: State:

Any previous rent or housing assistance? Yes No If yes, who helped?

Other than your current residence, how many different locations have you lived in the past 5 years?

Any previous evictions? Yes No If yes, when and why? How many times?

Have you ever been evicted or terminated from Public Housing, Section 8 or any subsidized housing complex?

Yes No

If yes, please explain:

Have you ever had a lease in your name? Yes No

Would a prior landlord give you a bad reference? Yes No If yes, why?

Has any household member used any other name(s) in the past 5 years (including maiden names or aliases)?

Yes No If yes, what are the names

Have you ever been homeless before? Yes No If yes, when? How many times?

CRIMINAL HISTORY

It is important that you answer these questions fully and honestly.

Criminal history does not necessarily keep you from obtaining housing assistance.

Describe any recent or past:

Incarceration Dates: State: County:

Arrest Dates: State: County:

Court Dates:

Criminal Charges:

Convictions:

Loss of services, benefits or income due to criminal activity? Yes No

If yes, please explain:

Loss of employment, housing, or shelter due to criminal activity? Yes No

If yes, please explain:

Are you currently on parole or probation? Yes No If Yes, what is the date your probation expires?



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HEALTH BARRIERS

The following information is not required as a condition of your receiving help; however, it may help connect you to housing or supportive services that can most appropriately address your needs. Is anyone in your household experiencing and/or receiving treatment for: (provide name of household member and care provider in space provided)

<input type="checkbox"/> Diabetes (Type): _____	<input type="checkbox"/> Hearing Problems _____	<input type="checkbox"/> Heart Disease: _____
<input type="checkbox"/> Hepatitis (Type): _____	<input type="checkbox"/> Mobility Problems _____	<input type="checkbox"/> Mental Health Issues: _____
<input type="checkbox"/> HIV or AIDS: _____	<input type="checkbox"/> Respiratory Problems _____	<input type="checkbox"/> Current Pregnancy? Due Date _____
<input type="checkbox"/> Cancer (Type): _____	<input type="checkbox"/> Developmental Disorders _____	<input type="checkbox"/> Blood Disorders _____
<input type="checkbox"/> Vision Problems: _____	<input type="checkbox"/> Drugs or Alcohol: _____	<input type="checkbox"/> Other _____

Has your physical health ever caused you to lose your housing? Yes No

Does your physical health affect your ability to get housing, or limit your housing options? Yes No

Have you ever lost your housing because of your mental health (being hospitalized, having neighbors complain about your behavior because of symptoms, having symptoms that stopped you from taking care of your home etc.)? Yes No

Do you have a mental health issue that currently affects your ability to get housing? Yes No

Do you have health insurance Yes No If yes, what is the name of your insurance? _____

Have you ever used or possessed alcohol or drugs (Date Last Used): _____

Has substance use (drugs or alcohol) ever caused you to lose your housing? Yes No

Do you think current substance use affect your ability to get housing? Yes No

Have you ever used been hospitalized, or in a treatment program for alcohol or drugs? Yes No

Have you ever been asked to move out because your family/friends thought your drinking/using was a problem? Yes No



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DOMESTIC VIOLENCE/ABUSE

Are you currently fleeing abuse? Yes No
 Has domestic violence or abuse ever caused you to lose your housing? Yes No
 Have you ever been the victim of domestic violence? Yes No About how long ago? _____

INCOME BARRIERS

Do you have a full time job? Yes No If so, Name of Employer _____ How long? _____
 Do you have a steady part-time job? Yes No If so, Name of Employer _____ How long? _____
 Do you have a working car or other reliable transportation to get around? Yes No
 Do you have a bank account? Yes No
 Do you have \$500 or more on hand right now? Yes No

What is your budget for rent each month right now?

\$0 \$401 - 500
 \$1 - 100 \$501 - 600
 \$101 - 200 \$601 - 700
 \$201 - 300 \$701 - 800
 \$301 - 400 More than \$801

Do you have any of the following ORIGINALS not photo copies?

Birth Certificate Social Security Card Driver's License or State ID

Are you a U.S. Citizen, or do you have the legal papers to be here? Yes No

Do you owe money to any of the following?

Landlord Water Electric Company/FPL Phone Court Fines
 Back Child Support Current Child Support Medical Bills Other

MONTHLY BUDGET WORKSHEET

(MUST BE COMPLETED BY EACH ADULT HOUSEHOLD MEMBER)

INCOME	CURRENT	EXPENSES	CURRENT
Employment Income		Housing	
Wages (Net)	\$	Apartment/Room	\$
Workers Comp	\$	Hotel/Motel	\$
Unemployment	\$	Other:	\$
Pension (VA, retirement)	\$	Utilities	
Other:	\$	Electricity	\$
SSI/SSDI - Name of Recipient		Water	\$
Retirement	\$	Gas - Propane	\$
Disability	\$	Phone (cell/landline)	\$
Survivors	\$	Transportation	
Dependents	\$	Car (note, insurance, gas)	\$
Other:	\$	Bus (tickets, pass)	\$
Support		Food	
Child (court-ordered)	\$	Groceries	\$
Spousal (alimony)	\$	Eating Out/Delivery	\$
Family	\$	Pet Food	\$
Friends	\$	Other:	\$
Organizations (churches)	\$	Grooming/Hygiene	



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Other:		Barbershop/Salon (hair, nails)	\$
Awards		Baby products (diapers, wipes)	\$
Court Awards	\$	Other grooming/hygiene	\$
Inheritance/Lottery Win	\$	Household	
Tax Refund	\$	Laundry (laundromat, detergent)	\$
Benefits		Cleaning supplies	\$
Food Stamps	\$	Clothing	\$
TANF	\$	Medical	
Other:	\$	Doctor visits and premiums	\$
TOTAL INCOME	\$	Prescriptions	\$
		Other Expenses, Debts, or Garnishments	
		Credit Cards	\$
		Loans/Liens/Fines	\$
		Debts/Garnishments	\$
		Cigarettes/Alcohol	\$
		Services	
		Cable/Internet	\$
		Storage/Garage/Rental Fees	\$
		Daycare	\$
		TOTAL EXPENSES	\$

Brevard County, Florida FY 2017 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Extremely Low (30%)	\$12,950	\$16,240	\$20,420	\$24,600	\$28,780	\$32,960	\$37,140	\$40,750
Very Low Income (50%)	\$21,600	\$24,700	\$27,800	\$30,850	\$33,350	\$35,800	\$38,300	\$40,750

WHAT DO YOU HOPE TO OBTAIN WITH HOUSING FOR HOMELESS?

Explain: _____



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PERSONAL DEVELOPMENT

What are some meaningful goals you would like to work on?

- Education _____
- Career/Employment _____
- Finance/Savings _____
- Stress Management _____
- Health/Wellness _____
- Parenting skills _____

- Positive Medication Management _____
- Volunteering _____
- Crises Management _____
- Behavioral/Mental Health _____
- Diet/Exercise _____
- Other _____

GENERAL NOTES: _____

AGREEMENT

I understand that submitting false or incomplete information to obtain housing assistance is a criminal offense punishable under federal law.

I do hereby certify that all statements contained in this application are true and complete, to the best of my knowledge. I understand that deliberate misrepresentation of my circumstances will result in my being rejected for admission to a subsidized housing unit. I hereby authorize the Housing for Homeless to verify all information contained in this application and to conduct criminal and employment verification on all members of my household.

I understand it is my responsibility to notify Housing for Housing in writing, email or phone of any changes in my household composition, income, address, or phone number. Failure to inform the Housing for Homeless may result in my name being removed from the waiting list. **Applicant understands that the transitional housing program is the duration of one calendar year.**

Do you understand and accept the terms of the agreement? Yes, I Understand and Accept

APPLICANT PRINT NAME: _____ DATE: _____

APPLICANT SIGNATURE: _____

CO-APPLICANT PRINT NAME: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____