



HOUSING FOR HOMELESS

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www.housingforhomeless.org

INTAKE ELIGIBILITY APPLICATION - SINGLE

Date _____ Referred By _____ HMIS# _____

of Bedrooms: (1, 2, 3) _____ Need Housing in what area? _____ Would you be willing to relocate? _____

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

NO PET POLICY – NO PETS ALLOWED

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your relationship like with your family? _____
Do you have a support system? <input type="checkbox"/> Yes <input type="checkbox"/> 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	CURRENT HOUSING EMERGENCY
<input type="checkbox"/> Friend/Relative Name: _____ <input type="checkbox"/> Subsidized Apartment/Public Housing/Section 8 (circle one) <input type="checkbox"/> Shelter Name _____ <input type="checkbox"/> Hotel/Motel Paid for by: _____ <input type="checkbox"/> Private apartment or house <input type="checkbox"/> Transitional Housing: _____ <input type="checkbox"/> Institution: _____ <input type="checkbox"/> Unsheltered/Car/Street: _____	<input type="checkbox"/> Must Leave/Asked to Leave and Date: _____ <input type="checkbox"/> Notice/Court Date from Landlord: _____ <input type="checkbox"/> Exiting Hotel/Motel (Date): _____ <input type="checkbox"/> Exiting Shelter (Date): _____ <input type="checkbox"/> Exiting Transitional Housing (Date): _____ <input type="checkbox"/> Unsafe/Unsuitable Housing: _____ <input type="checkbox"/> 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"/> Day Care _____ <input type="checkbox"/> Food Stamps _____ <input type="checkbox"/> Child Protective Services/DCF _____ <input type="checkbox"/> Domestic Violence Services _____ <input type="checkbox"/> Drug/Alcohol Abuse Treatment _____	<input type="checkbox"/> Ex-Offender/Parole _____ <input type="checkbox"/> Utility Assistance _____ <input type="checkbox"/> Clinic/Medical Services _____ <input type="checkbox"/> Behavioral/Mental Health _____ <input type="checkbox"/> Rent Assistance _____ <input type="checkbox"/> Other _____
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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

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 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? _____

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)

Diabetes (Type): _____

Hepatitis (Type): _____

HIV or AIDS: _____

Cancer (Type): _____

Vision Problems: _____

Hearing Problems _____

Mobility Problems _____

Respiratory Problems _____

Developmental Disorders _____

Drugs or Alcohol: _____

Heart Disease: _____

Mental Health Issues: _____

Current Pregnancy? Due Date _____

Blood Disorders _____

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

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	\$
Pension or retirement	\$	Utilities	
SSI	\$	Electricity	\$
SSDI	\$	Water	\$
Survivors	\$	Phone (cell/landline)	\$
Dependents	\$	Transportation	\$
Support		Car Payment	
Child (court-ordered)	\$	Insurance	\$
Family	\$	Bus (tickets, pass)	\$
Friends	\$	Food	
Organizations	\$	Groceries	\$
Benefits		Eating Out/Delivery	\$
Food Stamps	\$		
TANF	\$	Grooming/Hygiene	
Cash in bank accounts, savings	\$	Barbershop/Salon (hair, nails)	\$
		Baby products (diapers, wipes)	\$
TOTAL INCOME	\$	Household	
		Laundry (laundromat, detergent)	\$
		Other Expenses and Debts	
		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

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, where? _____ How long? _____

Do you have a steady part-time job? Yes No If so, where? _____ 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 are you paying for rent each month right now?

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

WHAT DO YOU HOPE TO OBTAIN WITH HOUSING FOR HOMELESS?

Explain: _____

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 HOUSING FOR HOMELESS housing program is the duration of one calendar year.

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

PRINT YOUR NAME: _____ **DATE:** _____

SIGNATURE: _____