



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		Education level		SSN	
Alt Phone:		Email			
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"/> Must Leave/Asked to Leave and Date: _____
<input type="checkbox"/> Subsidized Apartment/Public Housing/Section 8 (circle one)	<input type="checkbox"/> Notice/Court Date from Landlord: _____
<input type="checkbox"/> Shelter Name _____	<input type="checkbox"/> Exiting Hotel/Motel (Date): _____
<input type="checkbox"/> Hotel/Motel Paid for by: _____	<input type="checkbox"/> Exiting Shelter (Date): _____
<input type="checkbox"/> Private apartment or house	<input type="checkbox"/> Exiting Transitional Housing (Date): _____
<input type="checkbox"/> Transitional Housing: _____	<input type="checkbox"/> Unsafe/Unsuitable Housing: _____
<input type="checkbox"/> Institution: _____	<input type="checkbox"/> Foreclosure (where you the owner or renter?): _____
<input type="checkbox"/> Unsheltered/Car/Street: _____	

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	\$				Pet Food			\$
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	\$14,800	\$16,650	\$18,500	\$20,000	\$21,500	\$22,950	\$24,450
Very Low Income	\$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: _____