



Housing for Homeless, Inc.

"Providing a Doorway to a Brighter Future for Over 30 years"

4087 S. US 1 Suite #3, Rockledge, FL 32955

Phone: (321) 639-0166 Fax: (321) 639-0989

www.housingforhomeless.org

Application Requirements – Must submit voucher or letter from physician with application

- Head of household **MUST** be receiving one of the following:
 - SSDI (Social Security Disability Insurance) or
 - Have a letter from physician treating diagnosed disability or
 - Have a Section 8 voucher from a Housing Authority or
 - Have a HUD-VASH voucher from the VA (veterans only)

Rapid Rehousing Application –

- One time assistance only
- Must be approved for housing from private landlord or property manager prior to intake
- We **do not** approve: mobile homes, rooms for rent, RVs, or hotel/motel stays
- Must have a copy of the lease and lease **must** be in applicant's name
- We **do not** assist with past due rent or utilities

All Applications – Documents Needed – No Exceptions –

- Driver's license or State issued ID for anyone over the age of 18
- Birth certificate for every member of the household
- Social security card for every member of the household
- 3 months most recent bank statements (including checking and savings accounts) or 3 months most recent card statements
- Verification of income – 3 months of most recent paystubs, current year's award letter for SSDI/SSI/VA benefits

Section 8/HUD-VASH Program –

- Must submit copy of voucher with application

Program entry determinants may include, but are not limited to the following –

- Criminal history
- Sexual offender status
- Eviction history
- Pets – see below for emotional support animal (ESA)
 - To legally qualify for an emotional support animal (ESA), you must provide written documentation from any federal, state, local government agency, or specified health care practitioner, telehealth provider, or even out-of-state healthcare practitioner who has provided care/services to the person on at least one occasion, establishing that the person has an emotional disability for which the ESA has been prescribed.
 - You must provide written documentation to establish the need for an ESA, identifying the particular assistance or emotional support provided by the animal from any of the bodies or practitioners listed above.



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INTAKE ELIGIBILITY APPLICATION

Date: _____ Referred By: _____ HMIS #: _____

of Bedrooms Needed: _____ What area of Brevard County? _____
 Would you be willing to relocate? _____

Applicant Information				
Last Name		First Name		Middle
Address		City, State		Zip
Phone		Email Address		DOB
		Education Level		
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"/> Widowed				

Co-Applicant Information				
Last Name		First Name		Middle
Address		City, State		Zip
Phone		Email Address		DOB
SSN		Education Level		
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"/> Widowed				

Children Information							
Child's Name	Relationship to Applicant	Do you have legal custody?	Age	Date of Birth	Social Security Number	Grade	HMIS #
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					

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: <input type="checkbox"/> Family/Friends <input type="checkbox"/> Mentor <input type="checkbox"/> Counselor
<input type="checkbox"/> Church/Faith Leader <input type="checkbox"/> Recovery Support Group <input type="checkbox"/> Other: _____

Current Housing	Current Housing Emergency
<input type="checkbox"/> Family/Friend Name: _____ <input type="checkbox"/> Sec 8 <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Hotel/Motel – Paid for by: _____ <input type="checkbox"/> Private - <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Shelter – Name: _____ <input type="checkbox"/> Transitional Housing – Name: _____ <input type="checkbox"/> Institution – Name: _____ <input type="checkbox"/> Unsheltered <input type="checkbox"/> Car <input type="checkbox"/> On the streets	<input type="checkbox"/> Must leave/asked to leave – Date: _____ <input type="checkbox"/> Notice from court or landlord – Date: _____ <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 – Date: _____ <input type="checkbox"/> Foreclosure as Renter – Date: _____ <input type="checkbox"/> Foreclosure as Owner – Date: _____

Services Received/Enrolled in the Last 12 Months	
<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 Treatment	<input type="checkbox"/> Ex-Offender/On Parole <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Clinic/Medical Services <input type="checkbox"/> Behavioral/Mental Health Services <input type="checkbox"/> Rent Assistance <input type="checkbox"/> Other _____
Please provide the name and phone number of any case manager, representative, probation, or parole officer you are currently working with:	
Name	Phone Number

Non-Household Emergency Contact Information – Family & Friends			
Name	Relationship	Address	Phone Number

Current Living Situation
Where did you stay last night? _____
How long did you stay there? _____
Approximate date homelessness began: _____
Number of times homeless in the last 3 years including today: _____
Total number of months homeless in the last 3 years: _____

Housing History
Any previous Section 8 or Public Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where? _____
Last Permanent Address: _____
Have you received rental/security deposit assistance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who assisted you? _____

Where (city & state) have you lived in the last 5 years? _____

Have you had any previous evictions? Yes No If yes, please list each eviction including when, where, and why? _____

Have you ever been evicted or terminated from a public housing program including Section 8, or any other subsidized housing program? Yes No If yes, please explain: _____

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

Have you or any member of your household used a different name in the last 5 years (including maiden names or aliases)? _____

Criminal History – Recent and/or Past

Have you ever been arrested? Yes No If yes, when and where? _____

Have you ever been convicted? Yes No If yes, when and where? _____

Do you have an open court case right now? Yes No If yes, details: _____

Have you ever lost benefits, services, or income due to criminal activity? Yes No If yes, when and where? _____

Have you ever lost employment, housing, or shelter due to criminal activity? Yes No If yes, when and where? _____

Are you currently on probation or parole? Yes No
If yes, what date does your probation/parole end? _____

Health

The following information is not required as a condition of you receiving assistance, however, it may help in connecting you to housing or supportive services that can most appropriately address your needs and the needs of your household.

Is anyone in your household experiencing and/or receiving treatment for: (please include the name of household member and care provider.)

Physical Disability – Type: _____

Developmental Disorder – Type: _____

Mental Health Diagnosis – Type: _____

Substance Use Disorder – Type: _____

Has your physical health ever caused you to lose 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 and/or possessed alcohol and/or drugs? Yes No If yes, last date used: _____

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

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

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

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

Monthly Budget Worksheet (Must be completed by each adult member of household)

Income	Current	Expenses	Current					
Wages (Net)	\$	Rent/Hotel/Motel	\$					
<input type="checkbox"/> SSI <input type="checkbox"/> SSDI	\$	Electricity	\$					
Workers Comp	\$	Water	\$					
<input type="checkbox"/> Pension <input type="checkbox"/> Retirement	\$	Phone	\$					
TANF	\$	Cable/Internet	\$					
Child Support	\$	Car Payment	\$					
Food Stamps	\$	Car Insurance	\$					
Other	\$	Health Insurance	\$					
Total Income	\$	Prescriptions	\$					
		Bus Pass	\$					
		Groceries	\$					
		Eating Out	\$					
		Cigarettes/Alcohol	\$					
		Loans/Debts	\$					
		Daycare	\$					
		Storage/Rental Fees	\$					
		Total Expenses	\$					
Brevard County, Florida FY 2022 Income Limits	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Extremely Low (30%)	\$17,050	\$19,500	\$23,030	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630