

HOUSING APPLICATION & ASSESSMENT

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

HOPWA

(*Mandatory Information for HUD)

Name _____ DOB/Age _____ Client ID# _____
 Street Address _____ Phone _____
 City _____ State _____ Zip _____ SSN _____

* RECENT LIVING SITUATION

* If client came from one of these facilities in the last 30 days, or was on the street or in an emergency shelter prior, consider the person homeless from the streets or shelter as appropriate.

- | | |
|---|---|
| <input type="checkbox"/> homeless from the streets
<input type="checkbox"/> homeless emergency shelter
<input type="checkbox"/> transitional housing
<input type="checkbox"/> domestic violence shelter
<input type="checkbox"/> jail/prison
<input type="checkbox"/> substance use treatment facility*
<input type="checkbox"/> hotel/motel with out paid assistance
<input type="checkbox"/> permanent housing for formerly homeless (SHP/S+C/SRO MR etc.) | <input type="checkbox"/> psychiatric/ mental health facility*
<input type="checkbox"/> hospital or other medical facility*
<input type="checkbox"/> living with relatives/friends
<input type="checkbox"/> participant-owned housing
<input type="checkbox"/> rental housing
<input type="checkbox"/> foster care or foster care group home
<input type="checkbox"/> other: _____ |
|---|---|

* DEMOGRAPHICS & HOUSEHOLD/ FAMILY COMPOSITION:

Use one of the following race and ethnicity codes to fill-in chart below:

- | | |
|-------------------------------------|---|
| *Race: W -White | NH/PI -Native Hawaiian/Pacific Islander |
| A -Asian | AI/AN -American Indian/Alaskan Native |
| A/W -Asian/White | AI/AN/W -American Indian/Alaska Native/White |
| B/AA -Black/African American | B/AA/W -Black/African American/White |
| O/MR -Other/Multi-racial | AI/AN/B/AA -American Indian/Alaska Native/Black/African American |

*Ethnicity: **H**-Hispanic or **NH**-Not Hispanic

*Relationship: Husband, Wife, Domestic Partner, Mother, Father, Sibling, Daughter, Son, Grandparent, Grand child, Aunt, Uncle, Cousin, Roommate, Other

Name or ID#	M or F	Age	HIV + Yes or No	Race	Ethnicity	Relationship	\$ Income

*TOTAL Gross Monthly Family/Household Income \$ _____ (Attach income verification)

* Please Answer YES or NO to the following questions:	YES	NO
1. Do you have a housing plan with any other agency for maintaining or establishing stable on-going stable housing?		
2. Have you had contact with a case manager/benefit counselor at least once in the last three months (or consistent with the schedule specified in your individualized service plan)?		
3. Have you had contact with a primary health care provider at least once in the last three months (or consistent with the schedule specified in your individualized service plan)?		
4. Do have medical insurance coverage or medical assistance?		
5. Are you a Veteran from U.S. military service?		
6. Are you a survivor of domestic violence		
7. Are you chronically homeless by HUD's definition? *		

* A "chronically homeless person" is "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four episodes of homelessness in the past three years." For this purpose, the term "homeless" means "a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter." This does not include doubled-up or overcrowding situations.

What type of housing is client applying for?

Tenant-based Rental Assistance (TBRA) _____ Facility/Community-based housing _____

Short-term Rent, Mortgage, Utility Assistance (STRMU) _____

Is TBRA or STRMU for shared housing? Yes _____ No _____

HOUSING SUBSIDY

Does Section 8 or part of the Public Housing Authority subsidize your current unit? Yes _____ No _____

Have you applied for Section 8 or with the Public Housing Authority? Yes _____ If so, when? _____ No _____

Are you willing, if eligible, to apply for Section 8 or Public Housing? Yes _____ No _____

If no, why? _____

TERMS OF CURRENT UNIT

Mortgage/rent amount \$_____ Per Month

Security deposit amount \$_____

Written Deed/lease Yes _____ No _____

Years left on mortgage _____ Name(s) on mortgage _____

Term of lease/rental agreement _____ Name(s) on lease _____

Years living at this residence _____

LANDLORD INFORMATION

Landlord/management company name (check payable to): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Landlord/management company daytime phone: _____

If landlord is not a corporation please provide Tax ID or SS# _____**UTILITIES**

What utilities does the applicant pay in addition to rent?

☐ gas ☐ electric ☐ heating fuel ☐ hot water ☐ none ☐ other: _____Who pays utilities in the household? ☐ applicant ☐ spouse/partner ☐ roommate☐ other: _____**Are you currently in arrears with your rent, Mortgage, or Utility Payments?** Yes _____ No _____**Which one(s)** _____ **Amount(s)** _____**For what period(s)** _____**Why?** _____**CURRENT HOUSING DESCRIPTION**

Number of Bedrooms: 0-studio _____ one _____ two _____ three _____ other _____

Bathrooms: # of baths _____ full _____ partial _____ inside unit _____ outside unit _____

Kitchen: individual _____ shared _____ full _____ partial _____

Other: # rooms _____ other rooms used _____ (if shared housing)

CURRENT HOUSING CONDITION			
	Yes	No	N/A
1. Is your rent or lease payment late? If yes, what is the total amount owed \$_____ and for what period?			
Why are you late?			
2. Is your mortgage payment late? If yes, what is the total amount owed \$_____ and for what period?			
Why are you late?			
3. Are any of your utility bills overdue/past due? If yes, what is the total amount owed \$_____ and for what period?			
Why are you late?			
4. Have your utilities been shut-off? If yes, how much is needed to reconnect services \$_____			
5. Have you ever been evicted for non-payment of rent?			
6. Are you having problems with water leaks or water damage in your unit?			
7. Are you having problems with your heater?			
8. Are you having problems with your air conditioner?			
9. Are you having problems with your door or window locks?			
10. Are you having problems with your plumbing?			
11. Are you having problems with your elevator?			
12. Are you having problems with a gas leak, gas smell in your unit?			
13. Do you have any broken windows?			
14. Are you having problems with poor lighting outside and/or in the hallways?			
15. Are you having problems with your hot water?			
16. Are you having problems with smoke detectors not working or missing from your unit?			
17. Do you need housing that is wheelchair or handicapped accessible?			

By signing below, I am certifying that the information above is true and correct. I acknowledge that it is my responsibility to report any and all changes in the income of my household within **ten** days of the change. I understand that intentionally misrepresenting income or family composition is grounds for denial or termination of housing assistance and that false statements or information are punishable under Law (Federal and State).

Date: _____

Date: _____

Approved _____ Denied _____ for _____ Housing Assistance Program

Reason:

By: _____ Case Manager/Housing Staff