

SUPPORTIVE HOUSING APPLICATION CHECKLIST

Name: _____

Date: _____

Your application will **NOT** be accepted unless your answers are **complete and legible** and all necessary documentation is provided. If you need assistance filling out these forms please contact your Housing Case Manager.

Required:

- Housing Application
- Income Verification for all members of the household over 18 years of age

Type of Income	Type of Verification Required
Government Benefit (TANF, SSI/D, etc)	Award letter
Employment	Pay stubs (from the past 1-3 months)
Financial Aid	Financial Aid award letter
Unemployment	Award letter
No Income	Certification of Zero Income Form
Other	Contact CAP Housing Case Manager for information

- Background Investigations form
- Rental Agreement/Lease (if applicable)
- Eviction/Termination notice (if applicable)
- Proof of Insurance
- Homeless Verification Form

Preferred but NOT required:

- Copies of photo ID for all household members over 18 years of age
- Copies of Social Security cards for all household members over 18 years of age
- Current ROI (including Landlord if applicable); whenever possible ROI should be completed with the assistance of the Housing Case Manager.

*****Eligibility:** You must be a current client of Cascade AIDS Project who is HIV+ (HIV verification on file.) You must not currently be living in permanent subsidized housing or, if you are, have an eviction notice from your landlord. You must not owe CAP, or affiliated housing partners, money or you must be in active repayment status.

Name: _____ DOB: _____ Date: _____

Address: _____ Mail ok? Y N

Mailing Address (if different than above): _____

Phone: _____ Msg ok? Y N 2nd phone: _____ Msg ok? Y N

FINANCIAL:

*****Eligibility:** CAP has a number of different housing programs with varying income restrictions.

	1 person	2 people	3 people	4 people	5 people
50% MFI (annual)	\$24,300	\$27,800	\$31,250	\$34,700	\$37,500
80% MFI (annual)	\$38,850	\$44,400	\$49,950	\$55,500	\$59,950
200% FPL(annual)	\$23,340	\$31,460	\$39,580	\$47,700	\$55,820

Household Composition/Household Income:

Name	Relationship	HIV+ Y/N	DOB	SSN (preferred, NOT required)
	Self			

If you do not have an income, please complete the attached "Certification of Zero Income" form
Please attach income verification for everyone over 18 (pay stubs, SSD/SSI award letter, statement from employer, etc.)

Income		Expenses	
Source	Amount	Itemization	Amount
Salary	\$	Rent/Mortgage	\$
Short or Long-term disability	\$	Phone/Internet	\$
SSI or SSDI	\$	Utilities	\$
VA Pension	\$	Cable	\$
TANF	\$	Car Payment	\$
Child Support	\$	Car Insurance	\$
Unemployment	\$	Medical Expenses	\$
Retirement Benefits	\$	Food	\$
Family Support	\$	Day Care	\$
Family Member #1 income	\$	Child Support	\$
Family Member #2 income	\$	Credit Card	\$
Family Member #3 income	\$	Bus Fare	\$
Other	\$	Other	\$
TOTAL	\$	TOTAL	\$

Have you applied for Social Security Benefits? Yes No Status of application:

HOUSING:

***** Eligibility:** You must meet the criteria found on the last page. You must not be living in permanent subsidized housing or, if you are, must have an eviction notice. You must have exhausted all other means of securing assistance. You must be willing and able to fulfill the terms of a rental agreement and pay your tenant rent portion. You must be able to live independently or with a certified caregiver.

Where have you lived? (apt, friends, street, etc)	Dates	On lease Y/N	Why did you leave?
	From: To:		
	From: To:		
	From: To:		
	From: To:		

Do you owe money to any past landlord or utility company? Describe:

Do you keep firearms or other weapons in your home? If yes, please describe type & reason:

Have you completed Rent Well? (circle one) Currently Enrolled Yes No Date Completed:

Are you currently involved with the Working Choices program at CAP? Yes No

Have you applied for other subsidized housing programs? Section 8 Central City Concern REACH

Cascadia Public Housing Northwest Pilot Project Other:

Are you interested in Mental Health Supportive Housing? Yes No

In which counties would you be interested in living? (circle) Multnomah Clackamas Yamhill Columbia Washington

Please describe your current situation and why you are requesting housing assistance:

What other steps have you taken to resolve your current situation before requesting assistance from CAP?

****If you are already housed and/or just need help with move in costs, or help to avoid an eviction please complete this section:**

Do you live within an eligible service area? (circle one) Multnomah Clackamas Yamhill Columbia Washington

Does your unit meet Fair Market Rent? # of bedrooms? (circle one)

◦ (studio) \$666 ◦ (1 bed) \$774 ◦ (2 bed) \$922 ◦ (3 bed) \$1359 ◦ (4 bed) \$1633

For what month are you requesting assistance? _____

What type of assistance are you requesting & how much?

Eviction Prevention/Rent \$_____ Application fee \$_____ Security Deposit \$_____ Move in rent \$_____

CAP requires that you have a plan to cover housing-related costs on your own. How will you pay rent next month?

If CAP pays the security deposit, upon move out, the balance will be returned to CAP. By initialing, I understand this and will work with the landlord to ensure it is returned upon move out. (Initial) _____

Property Manager Information/Where does the check get sent?

Name: _____

Phone: _____

Address: _____

Fax: _____

Tax ID: _____

Do you want us to identify ourselves from (circle one): Cascade AIDS Project or The CARE Fund*

*The CARE Fund is another name used to protect confidentiality. Any correspondence with property managers will be from the CARE Fund if circled.

LEGAL:

*****Eligibility:** You may not have open warrants or open court cases, if you do you must provide verification that you are actively working to clear them up. If you have any of the following convictions within the past 4 years (or have not been out of jail/prison for 4 years since you were convicted) for: arson, meth manufacturing, a sex offense, or any violent crime, please be prepared to provide more documentation.

Do you, or anyone in your household, have any open cases? Yes No Describe:

Do you, or anyone in your household, have any open warrants? Yes No Describe:

Do you have a parole or probation officer? Yes No name/phone:

How long on parole/probation?

Note: If you are currently on parole/probation please provide a copy of those conditions.

Have you ever been sited/charged/arrested for the following:

Arson? Yes No Year_____ Charge_____

Drug manufacturing? Yes No Year_____ Charge_____

Any violent offense? Yes No Year_____ Charge_____

Any sexual offense? Yes No Year_____ Charge_____

If you had convictions for any of the above charges in the last 4 years (or have not been out of jail/prison for 4 years since you were convicted) please provide additional documentation including: a graduation certificate from Ready to Rent/Rent Well within the past 1.5 yrs, 2 letters of support from other providers or community members with whom you are working, & a personal statement describing what has changed for you, & what will be different for you while you participate in this program.

HEALTH:

***** Eligibility: You must be engaged, or willing to engage, in medical care. You must be willing to address mental health and/or alcohol/drug abuse issues if needed.**

HIV Case Manager:_____ Date of last contact:_____

HIV Doctor/Clinic Name:_____ Date of last contact:_____

Insurance: None Just Applied Medicaid Medicare OMIP Care Assist FHIAP VA Private

Are you currently seeing a mental health provider? Yes No If yes, name/phone:

Do you have any mental health concerns? Yes No Describe:

Do you have any concerns about domestic violence in your household? Yes No

Are you currently in recovery from alcohol/drug use? Yes No

How long have you been in recovery?

What do you do to stay in recovery?

Would you prefer clean and sober housing? Yes No

ADDICTION ISSUES:

Issue	Y or N	Frequency	Last Use	Treatment – where/when
Alcohol				
Cocaine				
Gambling				
Hallucinogens				
Heroin				
IDU				
Marijuana				
Nicotine				
Rx Drugs				
Sex				
Speed/Meth				

Next steps: A background check will be conducted through a screening agency to confirm eligibility. Eligible clients will be placed on a waitlist and contacted for placement once available. If your application is incomplete, staff will attempt to contact you twice; you will not be added to the wait-list until your application is complete.

Applicant Name _____

Date _____

BACKGROUND INVESTIGATIONS, INC.

PHONE: (503) 639-6000

FAX: (503) 639-0160

Client Name: **Cascade AIDS Project**

ID: **Housing**

Phone: (503) 223-5907

Fax: (503) 223-6437

APPLICANT INFORMATION:

LAST NAME: _____ FIRST: _____ MIDDLE: _____

DATE OF BIRTH: _____ SSN#: _____ ODL#: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OTHER CITIES/COUNTIES: _____

Cascade AIDS Project may obtain a consumer credit report and/or an Investigative Consumer Report which may include the checking of the applicant's credit, income, employment, rental history, criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under Section 606 §1681d(b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to CAP by the screening company or the credit reporting agency as well as a complete and accurate disclosure of the nature and scope of the investigation. The name and address of the screening company or credit reporting agency is: Background Investigations, Inc., P.O. Box 2228, Lake Oswego, OR 97035, (503) 639-6000.

I understand that all information concerning my screening report will be treated as confidential and any and all information provided to CAP staff will be shared only between agency staff, necessary agency partner landlords, and funders in order to assist me and advocate on my behalf to secure housing.

The above information is true and accurate to the best of my knowledge. I have read and understand the above disclosure.

Client Signature

Date (voided in 90 days)

CAP Staff Signature

Date

Homeless Verification Form - County of Residence _____

Criteria for Determining Homelessness

**Category 3:
Homeless Youth /
Family**

Unaccompanied Youth under 25, or families with children/youth
(*Not otherwise qualified, but qualified as homeless under other federal statutes. Cannot have had permanent documented housing 60 days prior to housing application. May have experienced instability measured by two moves or more in the last 60 days, and can be expected to continue in this way due to special needs or barriers.*)

- Certification by nonprofit / State / local government that the individual or Head of Household seeking assistance meets homeless criteria via other federal statutes
AND
- Certification of no permanent housing in last 60 days
AND
- Certification by individual or Head of Household, and any supporting documentation that s/he has moved two or more times in the last 60 days
AND
- Documentation of special needs OR 2 or more barriers to permanent housing.

**Category 4:
Fleeing DV**

Fleeing or attempting to flee domestic violence.
(*Has no other place of residence, and lacks the resources to obtain other permanent housing.*)

- Certified (by intake worker or self) document that individual/Head of House is fleeing DV
AND
- Certification that the individual or HoH has no subsequent residence identified _____ initial here
AND
- Certification that the individual or HoH has no resources to obtain permanent housing

I certify that the above provided documentation and/or written statements are true and accurate. I also certify that I have no permanent residence and lack the resources to obtain permanent housing at this time. I understand that providing false or inaccurate information may be considered program abuse, and could impact program eligibility and/or further action as deemed appropriate by CAP Management.

Signature _____

Date _____

CAP Staff Signature _____

Date _____

At-risk of Homelessness Verification Form

County of Residence _____

<p>Category 1: Individuals and Families (Both boxes required to qualify)</p> <p><input type="checkbox"/> Certification of an annual income below 30% of the median family income for the area (<i>zero-income or income statement required</i>)</p> <p><input type="checkbox"/> Proof of lack of sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in category 1 of the Homeless definition. Self certification and/or supportive documentation (<i>termination notice, unemployment compensation statement, bank statement, medical / utility bill showing past due</i>) required.</p>	<p>Category 1 also needs at least one or more of the following:</p> <p><input type="checkbox"/> Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance.</p> <ul style="list-style-type: none"> <input type="checkbox"/> HMIS records <input type="checkbox"/> Referral from Housing / Service provider <input type="checkbox"/> Letter from tenant / owner <p><input type="checkbox"/> Living in the home of another because of economic hardship.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter from tenant / owner <input type="checkbox"/> Intake observation, when appropriate <p><input type="checkbox"/> Housing loss within 21 days of application for assistance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Own home / rental : Eviction letter / court order to leave within 21 days <input type="checkbox"/> Other's home / rental: Eviction letter from tenant / homeowner <p><input type="checkbox"/> Living in a rented hotel or motel (expense not covered by charitable org. / gov program)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter from hotel / motel management <input type="checkbox"/> Intake observation, if appropriate <input type="checkbox"/> Proof of payment for hotel / motel <p><input type="checkbox"/> Lives in a severely over-crowded unit as defined by US Census Bureau (SRO or efficiency: more than 2 people, Larger housing: more than 1 ½ people / room).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lease or Unit details from tax assessor's office documenting # of rooms <input type="checkbox"/> Intake observation, if appropriate <p><input type="checkbox"/> Exiting a publicly funded institution or system of care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discharge paperwork <input type="checkbox"/> Referral letter from institution <p><input type="checkbox"/> Living in housing associated with instability & an increased risk of homelessness as described in approved Consolidated Plan.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation depends on requirements in Consolidated Plan
<p>Category 2 & 3: Unaccompanied Children and Youth / Families with Children and Youth</p> <p><input type="checkbox"/> Certification of homeless status may be in letter, standardized form, or referral</p>	

I certify that the above provided documentation and/or written statements are true and accurate. I also certify that I have no permanent residence and lack the financial resources to obtain permanent housing at this time. I understand that providing false or inaccurate information may be considered program abuse, and could impact program eligibility and/or further action as deemed appropriate by CAP Management.

Client Signature _____

Date _____

CAP Staff signature _____

Date _____