



Under 1 Roof Housing Assistance Program APPLICATION FOR ASSISTANCE

New Application

Client SSN: _____

APPLICANT INFORMATION:

NAME: _____ DATE: _____

TEMPORARY ADDRESS: _____

CITY/COUNTY/STATE/ZIP: _____ HIGHEST GRADE: _____

CONTACT PHONE: _____ WORK PHONE: _____

SSN: _____ BIRTH DATE: _____ AGE: _____

RECENT LIVING SITUATION:

- Homeless from the streets
- Homeless from emergency shelter
- Transitional housing
- Psychiatric facility
- Substance abuse treatment facility
- Hospital or other medical facility

ETHNICITY: Hispanic
 Non-Hispanic

RACE: White
 Black
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 Black & White
 Asian & White
 American Indian & White
 American Indian & Black
 Other Multi-Racial

MARRITAL STATUS:

- Never Married Separated
- Married
- Divorced
- Widowed

U.S Citizen? Yes No

Veteran? Yes No If so, what branch? _____

Pregnant? Yes No Due Date: _____

HOUSEHOLD INFORMATION: List all other persons who live with you (list Head of Household first). If any of the persons living with you is not a member of your family* and is simply a roommate or live-in attendant, please indicate this in the relationship blank. (Note that this designation cannot be changed in the future.)

	Last Name, First name, MI	Relationship To You	DOB	SEX	Social Security Number	RACE	Highest Grade
1	_____	_____	____/____/____	_____	_____	_____	_____
2	_____	_____	____/____/____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____

Do you have any children that do not live with you? ___Yes ___No
 If yes, please list:

	Last Name, First name, MI	Relationship To You	DOB	SEX	Social Security Number	RACE	Highest Grade
1	_____	_____	____/____/____	_____	_____	_____	_____
2	_____	_____	____/____/____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____

(IF MORE SPACE IS NEEDED, USE AN ATTACHMENT)

Family means persons who are related to you, and includes persons living with you who are determined to be important to your care and well-being.

FAMILY MEMBERS	WAGES/SALARIES	BENEFITS/PENSIONS	PUBLIC ASSISTANCE	OTHER INCOME	ASSET INCOME
SELF					

Dependents:

Are your dependents in child care? ___Yes ___No N/A

Do you receive child support? ___Yes ___No Amount? _____

Do you pay child support? ___Yes ___No Amount? _____

Do your children have any physical, emotional, or developmental problems that are of concern? ___Yes ___No

If yes, please specify: _____

Employment/Financial:

Are you currently working at this time? ___Yes ___No

If yes, where and how long have you worked there? _____
___Full-time? ___Part-time?

How many times have you changed jobs within the last year? _____

If not working, what is the reason? _____

What is your monthly income? _____

Do you have a checking or savings account, stocks, bonds, etc? ___Yes ___No

Name of bank or financial institution: _____

Please list any credit cards, time payment, or other debts you or other household members have. (Name and Amount:

How have you been meeting your financial obligations?

Have you or any one else in your household applied for SSI or Social Security benefits and been denied?

___Yes ___No Date of most recent application _____

Legal Information:

Are you currently on probation or parole? Yes No If yes, provide your probation officers name:

Parole Officer Name: _____ Contact No: _____

(Obtain if possible: Parole Fact Sheet or Parole Certificate.)

Have you or any member of your family over the age of 15 been convicted of a crime? ___Yes ___No

When? _____ Where? _____

Physical Health:

Do you have medical expenses not covered by Insurance? ___Yes ___No

Do you or any member of your household have limitations due to health, age, or other physical conditions? (Please specify):

Do you or any member of your household require special housing accommodations?) i.e., downstairs, bus line, ramp, handrails, etc)

Note: You may at this or any time during your tenancy request reasonable accommodation for a handicap or disability of a household member to the extent necessary so that all family members can meet lease requirements or other requirements of tenancy.

Housing:

Please list previous dates/years of homelessness: _____

Have you lived in federally subsidized housing before? ___Yes ___No

Where? _____

Are you receiving assistance from any other Social Service Agency? ___Yes ___No. If yes, please list below:

Agency: Service: Case Manager: Phone:

Mental Health:

A. MENTAL HEALTH TREATMENT FACILITY(IES): _____

B. DIAGNOSIS: _____

C. MEDICATION: _____

D. CURRENT (OR HISTORY OF) SUICIDAL IDEATION/ATTEMPTS: ___Yes ___No

Primary Transportation:

___Own Vehicle ___Friend ___Relative ___Walk ___DART ___Paratransit ___None

Other: _____

Do you drive? ___Yes ___No

Car License #: _____ Car make/model/ year _____

Other:

Do you have any pets? ___Yes ___No Type and number: _____

Are you or any member 18 or older currently a student or attending a job-training program? ___Yes ___No

Please List: _____

Do you have any vocational certificates? ___Yes ___No

If yes, what certification(s) do you hold? _____

ACKNOWLEDGMENT OF RECEIPT

I, the Applicant, acknowledge receipt of the following documents, which are provided to me in connection with my application for assistance:

HUD Pamphlet—Fair Housing - https://www.hud.gov/sites/documents/FHEO_BOOKLET_ENG.PDF

EPA Pamphlet—About Lead in your Home - https://www.epa.gov/sites/production/files/2014-02/documents/lead_in_your_home_brochure_land_b_w_508_easy_print_0.pdf

I also acknowledge that I have received a copy of the following documents signed by me:

- Client Rights and Responsibilities (includes grievance process)
- Statement of Confidentiality/Authorization to Release Information

APPLICANT CERTIFICATION:

I, THE APPLICANT, CERTIFY AND ACKNOWLEDGE THAT:

- The information, provided on this Application and Worksheets (which are part of this Application) and used to determine my eligibility and amount of assistance, is true and correct to the best of my knowledge and belief. This information is subject to verification, and falsification of this information may be grounds for termination from the program and result in prosecution under federal and state laws.
- I am responsible for notifying my Case Manager in writing immediately (within 15 days) if there is a change in my family’s income or household members during the year and for updating this information during annual re-certification.
- Neither I nor any family member is receiving assistance under any other part of this program or under any other public housing assistance program, including but not limited to, Section 8, HOME, or other publicly assisted housing.
- Assistance under this program may not be paid to me or to any family member, even if that family member is my landlord/mortgagee and does not reside with me.
- Assistance under this program is contingent on continued grant funding for the program.

SIGNATURE OF APPLICANT / HEAD OF HOUSEHOLD _____ **DATE** _____

SIGNATURE OF SPOUSE _____ **DATE** _____

TO BE COMPLETED BY CASE MANAGER:

TYPE OF ASSISTANCE: Check below the program and type of assistance Applicant is eligible for:

HOUSING PROGRAM: **Rapid Rehousing** **Other** _____

Applicant Name:

How many people are in the Applicant’s household?

How many bedrooms does the Applicant’s household require?

Will the apartment lease be executed by the Applicant or the Subrecipient?

- Does the Applicant meet the definition of Homeless and have a verified previous City of Dallas address? If yes, what is that address?
- Does the Applicant have current or previous employment (within the past 6 months) or a source of income up to 50% of the Area Median Income? If yes, please provide the source of income and the amount of gross annual income.
- Is the Applicant’s information in the Homeless Management Information System and Housing Priority List with a P-scale rating of P8 or higher?
Please provide the P-scale rating. If the P-scale rating is not at least P8, please provide the reasons why the Applicant may be successful in the program despite the P-scale rating.
- Has the Subrecipient confirmed that the proposed apartment for lease has passed a Housing Quality Standards inspection or has a valid Certificate of Occupancy with no outstanding Code violations with the City of Dallas?
- Has the Subrecipient confirmed that the Applicant is not a Registered Sexual Offender and does not have outstanding felony warrants or prior violent felony convictions?

By signing below, the Applicant and Subrecipient certify that both parties have read the entire *Subrecipient Package* and provided true and correction in this submission. Additionally, the Applicant and Subrecipient certify that both parties will be able and willing to comply with all requirements set forth in the program documents.

ELIGIBILITY:

APPLICANT IS ____ or IS **NOT** ____ ELIGIBLE FOR ASSISTANCE. (If Applicant is not eligible for assistance, provide a copy of NOTICE OF INELIGIBILITY.)

_____ ASSISTANCE APPROVED TO BEGIN ____/____/____ (DATE)

_____ APPLICANT IS ELIGIBLE, BUT ASSISTANCE IS NOT CURRENTLY AVAILABLE. APPLICANT ASSIGNED TO WAITING LIST AS OF ____/____/____ (DATE)

SIGNATURE OF CASE MANAGER

DATE