



Marital Status: (Check One)

- Single
 Married
 Separated
 Divorced
 Widowed
 Committed Relationship

Please list all those who will occupy the apartment beginning with the applicant.

Full Name of Tenant	Relationship to Applicant	Sex	Date of Birth	Age	SSN
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Does the applicant or anyone who will occupy the unit require any special accommodations? If yes, please explain:

Does the applicant have legal custody of the dependents listed above? Yes No

If yes, are the children currently living with the parent? Yes No

Does the applicant currently have DCFS involvement?? Yes No

If yes, what are the circumstances that led to DCFS involvement?

Is there an imminent plan for reunification? Yes No

Domestic Violence:

Is the applicant a survivor of domestic violence? Yes No

If yes, what length of time was she involved? _____ days _____ months _____ years

Last contact with abuser: _____ days _____ months _____ years

What was the nature of the last contact? _____

Does the applicant have an order of protection now? Yes No

Documentation of Homelessness

(This form is to be completed by Case Manager/Social Worker.)

The program applicant is homeless based on the following criteria:

_____ Sleeping in a place not meant for human habitation: in a car, park, on the sidewalks or in an abandoned building. **(Documentation Required:** A third party signed verification statement.)

_____ Sleeping in an emergency shelter. **(Documentation Required:** letter from shelter verifying the stay including dates of stay. Letter must include Name of Shelter, Address, Telephone Number and Staff Contact.)

_____ Living in a transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters. **(Documentation Required:** letter from referring program stating that the applicant has been a resident of the program **AND** the homeless status prior to entering the transitional housing program. Letter must include Name of Shelter, Address, Telephone Number and Staff Contact.)

_____ Released from a hospital or other institution after being there for 30 consecutive days or less and being returned to one of the above sleeping/living conditions. **(Documentation Required:** written verification from the institution that the applicant has been residing in the institution less than 31 days; and verification that prior to the stay, the applicant met one of the criteria listed above with the appropriate documentation indicated.)

_____ Released from a hospital or other institution after being there more than 30 consecutive days and no subsequent residence identified and lacks resources and support to obtain housing. **(Documentation Required:** written verification from institution that the applicant is being discharged within the week before receiving assistance, verification that person met one of the criteria listed above prior to entering institution, and documentation that the applicant lacks support network to obtain housing.)

_____ Being evicted within 7 days from private dwellings and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing. **(Documentation Required:** formal eviction notice or letter from landlord, family or friend stating that the applicant may no longer stay at the residence and documentation that applicant lacks support network to obtain housing.)

Case Manager Signature: _____ Date: _____



Documentation of Disability

(This form is to be completed by a Psychiatrist or other Medical Doctor.)

(If the applicant has no disability, please draw a line through this page)

The program applicant is disabled based on the following criteria:

Primary Disability

- _____ Chronic Mental Illness
- _____ Chronic Alcohol
- _____ Chronic Drug Abuse
- _____ Chronic Mental Illness and Chronic Alcohol or Drug Abuse
- _____ AIDS or Related Diseases
- _____ Other Disabilities

Please Specify: _____

Diagnoses:

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V _____

If applicant has a diagnosis or history of substance abuse or dependence, please indicate the number of months/days that she has remained substance free. _____

Has the time clean been verified by urine screens? _____

Is the applicant currently taking methadone as a form of treatment? Yes No

Is the applicant currently stable and compliant with treatment? Yes No

For how many months has the applicant been stable & compliant with treatment? _____

Psychiatrist/M.D. Signature: _____ Date: _____

Please have the psychiatrist/other medical doctor generate and sign a separate letter on letterhead that substantiates the responses on this application form with regards to the



disability. The letter must explicitly state that the applicant is disabled, specify what the nature of the disability is, detail treatment compliance, include information regarding stability, and provide a contact phone number if more information is needed. All documentation must be legible.

INCOME INFORMATION:

Please complete the following information for each person who will occupy the apartment. Be sure to include all sources of income. Income includes, but is not limited to, Employment, Social Security, Supplemental Security Income, Social Security Disability, Unemployment Compensation, TANF, Alimony, Child Support, Food Stamps, Worker’s Compensation, Severance Pay, AFDC, Medicaid, Veteran’s Administration, Pension, Survivor Benefits, Disability Compensation, Other (Please be specific.)

Family Member	Source of Income	Gross Amount	Weekly, Monthly, Annually (Circle One)		
			Weekly	Monthly	Annually
1.			Weekly	Monthly	Annually
2.			Weekly	Monthly	Annually
3.			Weekly	Monthly	Annually
4.			Weekly	Monthly	Annually
5.			Weekly	Monthly	Annually
6.			Weekly	Monthly	Annually
7.			Weekly	Monthly	Annually

Please attach all supporting documentation to verify income (e.g. check stubs, award letters).

Does the applicant have a savings account? Yes No

Does the applicant have any outstanding debt (i.e. electricity, gas)? Yes No
If yes, how much is the debt? \$ _____

Is there a payment plan in place? Yes No

Does the applicant have a car? Yes No

Education:

What is the highest level of education that the applicant has completed?

Last Grade in School _____ High School GED College

Employment History

Is the applicant currently employed? Yes No



If yes, please indicate place of employment: _____

How long? _____ days _____ months _____ years

What is the hourly wage? _____ How many hours a week? _____

If no, what is the end date of last place of employment: _____

Criminal History:

Has the applicant ever been arrested? Yes No If yes, when? _____

If yes, was she convicted of a misdemeanor? Yes No If yes, when? _____

Please explain: _____

If yes, was she convicted of a felony? Yes No If yes, when? _____

If yes, please explain: _____

If the applicant has been incarcerated, what was the date of release? _____

Does the applicant have a current criminal case pending now? Yes No

If yes, please describe the circumstances. _____

Is the applicant currently on parole? Yes No

If yes, what are the probation terms?

Release of Information:

I hereby authorize Housing Opportunities for Women (H.O.W.) to verify the information contained in this application form. I also give permission to the referral agency, agencies or medical professionals who have generated disability and/or homelessness documentation on my behalf, and any other agency or professional with whom I am currently working to exchange/discuss information relevant to determining my eligibility and/or continued participation for H.O.W.'s permanent supportive housing program. This release of information is valid for a period of one year from the date of signature. I understand that I have the right to revoke this authorization at any time by submitting a written reversal to H.O.W.

Applicant Signature: _____ Date: _____