

Housing Application – Domestic Violence
Transitional Housing/Permanent Supportive Housing/Rental Assistance

Name: _____ Date of Birth: _____

Referring Agency: _____

Safe Phone Number: _____ Preferred Language: _____

List all persons living in household :

Name	DOB	Age	Relation to Applicant	Gender

Are you the custodial parent of all minor children in the household? Yes No

If no, please describe the custody situation:

Is there any CPS involvement with your family? Yes No

If yes, please describe the circumstances of the involvement:

Please describe the circumstances that led to your family experiencing homelessness:

Please list your household income source(s) (i.e. SSI, TANF, employment, child support)

Household Member	Income Source	Amount/Month

Do any family members need accommodations due to physical or mental health? Yes No

If yes, please list any specific accommodations needed:

There are some programs that have restrictions on who may qualify based on eviction history, criminal history, immigration status, and money owed to a housing authority. Are any of these areas of concern for your family? Yes No

What services is your family looking for? Please describe below.

Applicant/Head of Household:

Children:

Are any members of your family working outside providers? Yes No

If yes, please list agency/services:

Has your family participated in other housing programs? Yes No

If yes, please list program and dates of participation:

Please briefly describe the reasons you are seeking DV specific housing at this time:

Please list any safety concerns or danger areas for your family:

I state that the information I have provided on this application is true to the best of my knowledge. I also state that my family and I will be without housing at the end of our shelter stay or are without housing for more than two consecutive nights at this time.

Signature _____

Date _____

Agency Referral Sheet
DV Transitional Housing/Permanent Supportive Housing/Rental Assistance

This page is to be completed by a staff member of the referring agency. We ask that referring agencies provide us with candid and accurate information so that we can make placements that are most appropriate for families and address issues and barriers with families either before they enter our program or upon their arrival. Please discuss your responses with the applicant and have them sign the acknowledgement at the bottom. Please attach a signed Release of Information form that authorizes you to release information to us regarding this housing referral.

Applicant name: _____ Referring agency: _____

What do you consider this family's greatest strengths to be?

What has this family been able to accomplish in your program or while working with your agency?

Why do you think that this person/family would benefit from our program specifically?

What else does this family need in order to be successful in our program?

Release of information attached? Yes No

Confirmation of Homelessness

To the best of my knowledge this family will be homeless and without a place to live when they leave our program, or they are currently without a place to live for more than two consecutive nights.

Staff member signature _____

Staff member name: _____ Date: _____

Contact number: _____ Best times to reach you _____

Applicant acknowledgement:

I have read this and have had the opportunity to discuss it with my advocate.

Applicant signature _____