

# SHDP PARTICIPANT ELIGIBILITY CERTIFICATION

Resident Name

Unit No./Bed No./ID No.

This is to certify that the above named individual or household meets the Special Needs occupancy requirement specified in the Declaration of Deed Restrictions. Please select which option best describes your current situation:

**CATEGORY 1** – Individual or family who lacks a fixed, regular and adequate nighttime residence as follows:

- My Primary nighttime residence is a public or private place not meant for human habitation;
- I (and my children) are living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs);
- I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

**CATEGORY 2** – Individual or family at imminent risk of losing my primary nighttime residence and have all of the following circumstances:

- My residence will be lost within 14 days of the date of this notice; and
  - o No subsequent residence has been identified; and
  - o I (and my children) lack the resources or support networks needed to obtain permanent housing.

**CATEGORY 3** – An unaccompanied youth under 25 years of age, or a family with children and youth, who do not otherwise qualify as homeless, but meet all of the following circumstances:

- I am defined as homeless under another federal statute;
- I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance;
- I have experienced persistent instability as measured by two moves or more during the preceding 60 days; and I expect to continue in such status for an extended period of time due to special needs or barriers defined as follows:  
\_\_\_\_\_  
\_\_\_\_\_

**CATEGORY 4**

- I am an individual or family that is:
  - o Fleeing, or attempting to flee due to domestic violence;
  - o Have no other residence; and
  - o Lack the resources or support networks to obtain other permanent housing

**OTHER** – Persons with one of the following special needs:

- Disabilities which are expected to be permanent; In substance abuse treatment; In hospice care; Children in foster care or other licensed facilities; Young adults aging out of foster care or other licensed facilities;

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the residency and/or lease agreement.

Signature

Date





**New Choices Program**  
Assessment

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Co Applicant: \_\_\_\_\_ (Must Fill out own form)

Referred by: \_\_\_\_\_

Do you have assigned case worker? Circle one YES NO

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

**Basic Information**

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ County \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: Circle one

Married Divorced Single Separated Widowed

**Race/Ethnicity:**

- Caucasian
- Hispanic
- African-American
- Native American
- Asian/Pacific Islander
- Multicultural
- Other: \_\_\_\_\_

Native Language: Circle one

English Spanish Other

Number of Children: \_\_\_\_\_ Number of Children residing with you: \_\_\_\_\_

- Aged 0-5 How many male \_\_\_\_\_ How many female \_\_\_\_\_
- Aged 6-12 How many male \_\_\_\_\_ How many female \_\_\_\_\_
- Aged 13-17 How many male \_\_\_\_\_ How many female \_\_\_\_\_
- Aged 18+ How many male \_\_\_\_\_ How many female \_\_\_\_\_

**Barriers/Challenges:** Check ALL that apply

- Child Care
- Housing
- Bankruptcy
- Depression
- Disability
- Illness
- Parenting Skills
- Transportation
- Need Food
- Financial Strain
- Domestic Violence
- Divorce/Separation
- Sexual Harassment
- Job Loss
- Social Isolation
- Mental Health
- Lack of Education
- Drugs/Alcohol
- Legal Issues
- Eating Disorder
- Other \_\_\_\_\_

(Specify)

**Current Housing Situation:**

Own       Rent       Homeless       Facing Eviction

**Do You Have Transportation?**  Yes  No

If Yes, Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate Number \_\_\_\_\_

**Is your name on the current lease?**

Circle one    yes    no

**Where did you sleep last night?** \_\_\_\_\_

**Were you affected by hurricane Matthew October 2016?** \_\_\_\_\_

**How were you impacted (job, home, business, food, utilities)?** \_\_\_\_\_

**How were you helped?** \_\_\_\_\_

**Please list all social service agencies that you are currently receiving assistance from or have received assistance from in the past 6 months:**

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**What are your strengths?**

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**What are your challenges or barriers?**

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**What are your needs?**

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**What are your special skills?**

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**What are your short term goals? (1-3 months)**

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**What steps do you need to take to achieve your short term goals?**

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**What are your long term goals? (6-12 months)**

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**Where do you see yourself in one year?**

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**What steps do you need to take to achieve your long term goals?**

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## Education History

**Highest Education:**

- |  |  |
|--|--|
| <input type="checkbox"/> GED<br><input type="checkbox"/> High School Diploma<br><input type="checkbox"/> Some College<br><input type="checkbox"/> Certificate/technical training | <input type="checkbox"/> Associate Degree<br><input type="checkbox"/> Bachelor Degree<br><input type="checkbox"/> Master/PhD<br><input type="checkbox"/> Highest Grade Completed _____ |
|--|--|

Are you currently enrolled in school?  Yes  No

If yes, where? \_\_\_\_\_

Are you receiving subsidy or student loans? \_\_\_\_\_

## Employment History

Are you currently employed? Circle one YES NO

**Current Employer:** \_\_\_\_\_ **Months/Years Employed:** \_\_\_\_\_

**Pay Rate:** \_\_\_\_\_ **Number of Hours per Week:** \_\_\_\_\_

**Job Description:** \_\_\_\_\_

**How often are you paid?**

- Weekly  
 Bi-Weekly  
 Monthly  
 Other (please specify): \_\_\_\_\_

**Current/Former Employer:** \_\_\_\_\_ **Months/Years Employed:** \_\_\_\_\_

**Pay Rate:** \_\_\_\_\_ **Number of Hours per Week:** \_\_\_\_\_

**Job Description:** \_\_\_\_\_

**How often are you paid?**

- Weekly  
 Bi-Weekly  
 Monthly  
 Other (please specify): \_\_\_\_\_

**Current/Former Employer:** \_\_\_\_\_ **Months/Years Employed:** \_\_\_\_\_

**Pay Rate:** \_\_\_\_\_ **Number of Hours per Week:** \_\_\_\_\_

**Job Description:** \_\_\_\_\_

**How often are you paid?**

- Weekly  
 Bi-Weekly  
 Monthly  
 Other (please specify): \_\_\_\_\_

Please list your five most recent employers.

Previous Employer: _____	Previous Employer: _____
Reason for Leaving: _____	Reason for Leaving: _____
Previous Employer: _____	Previous Employer: _____
Reason for Leaving: _____	Reason for Leaving: _____
Previous Employer: _____	Previous Employer: _____
Reason for Leaving: _____	Reason for Leaving: _____

### Address History

Previous Address: _____	Previous Address: _____
Reason for Leaving: _____	Reason for Leaving: _____
Previous Address: _____	Previous Address: _____
Reason for Leaving: _____	Reason for Leaving: _____
Previous Address: _____	Previous Address: _____
Reason for Leaving: _____	Reason for Leaving: _____

Prior Military?  Yes       No

### Budget History

**Other Sources of Income:**

Household monthly gross income

Write dollar amounts for ALL that apply.

\$ _____ Salary	\$ _____ Disability	\$ _____ TANF
\$ _____ Self Employ	\$ _____ Unemployment	\$ _____ Retirement
\$ _____ Food Stamps	\$ _____ Financial Aid	\$ _____ Alimony
\$ _____ Child Support	\$ _____ Social Security	\$ _____ Child Care
\$ _____ Work First	\$ _____ Spouse/Partner	\$ _____ Other

## Current Monthly Expenses

Complete the following in terms of your MONTHLY budgeting/expenses. Write dollar amount for ALL that apply:

Rent \_\_\_\_\_

Utilities (Electric/Water/Gas) \_\_\_\_\_

Savings \_\_\_\_\_

Loans/Credit Cards \_\_\_\_\_

Telephone/Cell Phone \_\_\_\_\_

Car Payment \_\_\_\_\_

Groceries \_\_\_\_\_

Gas \_\_\_\_\_

Bus Pass \_\_\_\_\_

Health Insurance \_\_\_\_\_

Car Insurance \_\_\_\_\_

Prescriptions \_\_\_\_\_

Cosmetics/Nails/Hair \_\_\_\_\_

Laundry \_\_\_\_\_

Clothing/Uniforms \_\_\_\_\_

Entertainment/Restaurants \_\_\_\_\_

Doctor/Dentist \_\_\_\_\_

Miscellaneous (please specify) \_\_\_\_\_







REFERENCES & EMERGENCY CONTACTS

Doctor	Occupier	Nearest Relative	Living	Elsewhere
Name				
Street Address				
City				
State & Zip				
Phone Number				

By signing this application you grant us permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore if you abandon the apartment for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.

GENERAL INFORMATION

Have you ever been served a late rent notice?	Do any of the people who would be living in the apartment smoke?	How long do you think you would be rent in from us?
Have you ever filed for bankruptcy? If so, when?	When would you be able to move in?	Have you ever been convicted of a crime?
Have you ever been served an eviction notice? If so, when?	How many pets do you have (list type, breed, approx. weight & age)?	
Have you had any recurring problems with your current apartment or landlord? If yes, please explain.		
Where are you moving from your current address?		
List any verifiable sources and amounts of income you wish to have considered (optional).		
If you were to run into financial difficulty in the future and couldn't come up with the money to pay the rent, do you know someone that would loan you the money? If so, provide the person's name, address, & phone # so that we can use them as a reference for you.		
Have you been a party to a lawsuit in the past? If yes, please explain why.		
We may run a credit check and a criminal background check. Is there anything negative we will find that you want to comment on?		
How did you hear about this apartment?	Do you have an e-mail address we can reach you at?	
Do you know of anybody else looking for an apartment? Please provide their name and number. If you refer a friend and you each end up renting separate apartments from us then we will pay you a referral reward.		

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund even if I don't get the apartment. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# RENTAL APPLICATION

- Each adult (18 or older) must fill out a separate application

First	Middle	Last	Birth Date	Social Security #	Driver's License #
Any Other Names You've Used in the Past			Home Phone	Cell Phone	
All Other Proposed Occupants			Birth Date	Relationship to Applicant	

## RENTAL/RESIDENCE HISTORY

	Current Residence	Previous Residence	Prior Residence
Street Address			
City			
State & Zip			
Last Rent Amount Paid			
Owner/Manager			
Landlord Phone Number			
Reason for leaving			
Is/Was rent paid in full?			
Did you give notice?			
Were you asked to move?			
Name(s) in which your utilities are now billed			
	From/To	From/To	From/To
Dates of Tenancy			

## EMPLOYMENT HISTORY

	Current Employment	Previous Employment	Prior Employment
Employed By			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
Monthly Gross Pay			
	From/To	From/To	From/To
Dates of Employment			

## CREDIT HISTORY

	Bank/Institution Name	Balance On Deposit	Balance Owed
Savings Account			
Checking Account			
Credit Card			
Auto Loan			

## VEHICLES (Include vehicles belonging to other proposed occupants also)

Make	Model	Color	Year	License Plate

PLEASE PRINT