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COMMUNITY SERVICE NETWORK INCORPORATED

Application for HOPWA-TBRA

Date mailed: ___/___/___ Referring Person: _____

A) BASIC INFORMATION

Applicant: _____

DOB: ___/___/___

Primary Language: _____ Social Security #: _____-____-_____

Phone # where applicant accepts calls (if any): () _____

Pager: () _____

Cell Phone: () _____

Address: _____ City/Town: _____

ZIP: _____

Place to send mail (if different): _____

City/Town: _____ ZIP: _____

Gender: Male ___ Female ___ Transgender ___

Race: Hispanic/Latino ___ Caucasian ___ African American ___ Haitian ___ Asian ___ Native American ___ Other _____

Existing Case Managers (other than referring person) assisting with HIV-related issues (*optional*)

Name/Agency: _____ Phone: _____

Name/Agency: _____ Phone: _____

B) HOUSEHOLD COMPOSITION INCOME:

The HOPWA-TBRA program requires that residents meet low income requirements set by the U.S. Department of Housing and Urban Development. List all persons in the planned household with any form of income including live-in boyfriends/girlfriends. List children who are certain to live with applicant from move-in date.

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<i>Names of individuals who will live with the applicant</i>	<i>Relationship to applicant</i>	<i>Age</i>	<i>Source(s) of income* (Wages, SSI, AFDC, etc.)</i>	<i>Monthly Income*</i>	<i>Annual Income*</i>
Total Household income:					

**Leave blank for official Personal Care Attendant for whom medical documentation can be supplied evidencing this role.*

C) MEDICAL ELIGIBILITY

Please have applicant’s physician complete attached MEDICAL CERTIFICATION form and submit with this application to verify positive HIV status or diagnosis of AIDS for applicant and-or household members.

Note to housing managers: HUD has deemed this medical eligibility form as an acceptable form of documentation of HIV status. However, they do suggest that once an applicant has been accepted into your program, a letter from their medical provider on stationary should be placed into the resident’s file.

D) HOUSING STATUS

Please check the box below that best describes the applicant’s housing situation for which supporting documentation can be supplied. Check only one box and be certain documentation from a third party on letterhead stationary can be produced at a later date to verify this status.

<input type="checkbox"/> Living on the street (having no fixed, regular, nighttime residence).
<input type="checkbox"/> Living in a shelter.
<input type="checkbox"/> Living in Department of Transitional Assistance Program.
<input type="checkbox"/> Living in a transitional program (i.e. provides services on site designed to prepare the individual to move into more independent permanent housing) and homeless immediately prior.
<input type="checkbox"/> Living in and receiving care from an institution not designed for long term residence (e.g. hospital, rehabilitation facility etc.).
<input type="checkbox"/> Doubled up (living temporarily with friends or relatives).
<input type="checkbox"/> In imminent danger of losing housing through no fault* of own and has received “summary process summons” from the court to proceed with an eviction (applicant need not have actually been to housing court).

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<input type="checkbox"/> Renting an apartment using a transitional subsidy such as AHVP or DMH.
<input type="checkbox"/> Renting an apartment using a 2-year HOPWA certificate or a 2 year TBRA HOME certificate and was homeless immediately just prior to using 2 year subsidy.
<input type="checkbox"/> Living in substandard housing (i.e. living in a unit that endangers the health, safety, or well being of the household due to being dilapidated, or due to inadequate source of heat or inadequate indoor plumbing, including toilet, and bathing facilities, or lack of electricity).
<input type="checkbox"/> Rent burdened – paying between 50% or more of gross income toward rent and utility costs for at least 90 days (based on average monthly utility payment, excluding phone, over 12 months).
<input type="checkbox"/> Rent burdened – paying at 75% or more.
<input type="checkbox"/> Other (briefly describe)

E) HOUSING HISTORY

Please list the following information about the last five places where the applicant has lived. Please note: A lack of rental history does not necessarily disqualify the applicant. Substitute a contact person when no landlord was involved (e.g. shelter social worker, transitional program case manager, etc.).

Does the applicant have any subsidized housing history? ___ Yes ___ No

1. Applicant's current address: _____

Lived here from _____ to the present. Type of residence: ___ rented apartment ___ doubled up
___ transitional program ___ shelter ___ other: _____

Landlord/other contact name: _____ Phone: _____

May we call this person for a reference? ___ Yes ___ No

2. Applicant's address: _____

Lived here from _____ to _____. Type of residence: ___ rented apartment ___ doubled up
___ transitional program ___ shelter ___ other: _____

Landlord/other contact name: _____ Phone: _____

May we call this person for a reference? ___ Yes ___ No

3. Applicant's address: _____

Lived here from _____ to _____. Type of residence: ___ rented apartment ___ doubled up
___ transitional program ___ shelter ___ other: _____

Landlord/other contact name: _____ Phone: _____

May we call this person for a reference? ___ Yes ___ No

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4. Applicant's address: _____

Lived here from _____ to _____. Type of residence: ___rented apartment ___doubled up
___transitional program ___shelter ___other: _____

Landlord/other contact name: _____ Phone: _____

May we call this person for a reference? ___Yes ___No

5. Applicant's address: _____

Lived here from _____ to _____. Type of residence: ___rented apartment ___doubled up
___transitional program ___shelter ___other: _____

Landlord/other contact name: _____ Phone: _____

May we call this person for a reference? ___Yes ___No

F) AUTHORIZATION OF REPRESENTATION / RELEASE OF INFORMATION

The applicant authorizes that **Community Service Network, Inc** is permitted to represent the applicant in the process of applying to the HOPWA-TBRA program and has permission to release information and receive information related to all matters concerning the applicant in this process.

This release may be revoked at any time verbally or in writing.

Applicant Signature: _____ *Date:* _____

G) ELIGIBILITY CERTIFICATION

The applicant certifies that he/she qualifies as a member of the special target population for the HOPWA-TBRA program to which this application is being made. The applicant can supply supporting documentation upon request to demonstrate such eligibility.

Applicant Signature: _____ *Date:* _____

H) ADDITIONAL COMMENTS: Special Needs

Use this space to briefly note other pertinent information:
