



HOUSING for HOMELESS

"Providing a Doorway to a Brighter Future"

4087 S. US 1 Suite #3, Rockledge, FL 32955

Phone: (321) 639-0166 Fax: (321) 639-0989

www.housingforhomeless.org

Dear Applicant:

Enclosed you will find the Shelter Application for the Housing for Homeless. Please complete in full all areas of the application and return with the following documents:

- ☒ Social Security Card for each member of the household
- ☒ Birth Certificate for each member of the household
- ☒ Driver's License or State ID
- ☒ Verification of income
- ☒ No pets...(only registered and certified dog with proper documentation is allowed)
- ☒ Must understand duration of stay up to 60 days
- ☒ Must have SELF-DECLARATION OF HOMELESSNESS VERIFICATION signed

Please return completed application and required documents for approval.

Sincerely,

Joy Rothschild
Housing for Homeless
Intake Specialist
(321) 301-4512



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MENS SHELTER APPLICATION

Date _____ Referral Source _____ HMIS# _____

APPLICANT INFORMATION

Last Name	First Name	Middle
Address	City, State	Zip
Phone	E-mail Address	SSN
D.O.B.	Education Level	
Alt Phone:	Have you ever served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have your DD214 <input type="checkbox"/> Yes <input type="checkbox"/> No	

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow

NON-HOUSEHOLD FRIENDS, RELATIVES & EMERGENCY CONTACTS

NAME	RELATIONSHIP	ADDRESS/PHONE

CRIMINAL HISTORY

It is important that you answer these questions fully and honestly.
Criminal history does not necessarily keep you from obtaining housing assistance.

Describe any recent or past:

Incarceration Dates: _____ State: _____ County: _____

Arrest Dates: _____ State: _____ County: _____

Court Dates: _____

Criminal Charges: _____

Convictions: _____

Loss of services, benefits or income due to criminal activity? ☐ Yes ☐ No

If yes, please explain: _____

Loss of employment, housing, or shelter due to criminal activity? ☐ Yes ☐ No

If yes, please explain: _____

Are you currently on parole or probation? ☐ Yes ☐ No If Yes, what is the date your probation expires? _____

HEALTH BARRIERS

The following information is not required as a condition of your receiving help; however, it may help connect you to housing or supportive services that can most appropriately address your needs. Is anyone in your household experiencing and/or receiving treatment for: (provide name of household member and care provider in space provided)

<input type="checkbox"/> Diabetes (Type): _____ <input type="checkbox"/> Hepatitis (Type): _____ <input type="checkbox"/> HIV or AIDS: _____ <input type="checkbox"/> Cancer (Type): _____ <input type="checkbox"/> Vision Problems: _____	<input type="checkbox"/> Hearing Problems _____ <input type="checkbox"/> Mobility Problems _____ <input type="checkbox"/> Respiratory Problems _____ <input type="checkbox"/> Developmental Disorders _____ <input type="checkbox"/> Drugs or Alcohol: _____	<input type="checkbox"/> Heart Disease: _____ <input type="checkbox"/> Mental Health Issues: _____ <input type="checkbox"/> Current Pregnancy? Due Date _____ <input type="checkbox"/> Blood Disorders _____ <input type="checkbox"/> Other _____
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List of medications that you are currently taking _____

Has your physical health ever caused you to lose your housing? ☐ Yes ☐ No

Does your physical health affect your ability to get housing, or limit your housing options? ☐ Yes ☐ No

Have you ever lost your housing because of your mental health (being hospitalized, having neighbors complain about your behavior because of symptoms, having symptoms that stopped you from taking care of your home etc.)? ☐ Yes ☐ No

Do you have a mental health issue that currently affects your ability to get housing? ☐ Yes ☐ No

Do you have health insurance ☐ Yes ☐ No If yes, what is the name of your insurance? _____

Have you ever used or possessed alcohol or drugs (Date Last Used): _____

Has substance use (drugs or alcohol) ever caused you to lose your housing? ☐ Yes ☐ No

Do you think current substance use affect your ability to get housing? ☐ Yes ☐ No

Have you ever used been hospitalized, or in a treatment program for alcohol or drugs? ☐ Yes ☐ No

Have you ever been asked to move out because your family/friends thought your drinking/using was a problem? ☐ Yes ☐ No

INCOME BARRIERS

Do you have a full time job? ☐ Yes ☐ No If so, what is it? _____ How long? _____

Do you have a steady part-time job? ☐ Yes ☐ No If so, what is it? _____ How long? _____

Do you have a working car or other reliable transportation to get around? ☐ Yes ☐ No

Do you have a bank account? ☐ Yes ☐ No

Do you have \$500 or more on hand right now? ☐ Yes ☐ No

Do you have any of the following **ORIGINALS** not photo copies?

☐ Birth Certificate

☐ Social Security Card

☐ Driver's License or State ID

Are you a U.S. Citizen, or do you have the legal papers to be here? ☐ Yes ☐ No

AGREEMENT

I understand that submitting false or incomplete information to obtain housing assistance is a criminal offense punishable under federal law.

I do hereby certify that all statements contained in this application are true and complete, to the best of my knowledge. I understand that deliberate misrepresentation of my circumstances will result in my being rejected for admission to Housing for Homeless shelter. I hereby authorize the Housing for Homeless to verify all information contained in this application and to conduct criminal and employment verification on all members of my household.

Do you understand and accept the terms of the agreement? ☐ Yes, I Understand and Accept

PRINT YOUR NAME: _____ DATE: _____

SIGNATURE: _____



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SELF-DECLARATION OF HOMELESSNESS

IN WITNESS WHEREOF on this date of _____, 2016, I, _____, herein referred to as ("Applicant"), certify that my family, of which I am Head of Household, is presently (check one):

- ☐ **Literally Homeless** - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)
 - Or Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
- ☐ **Imminent Risk of Homelessness** – Individual or family who will imminently lose their primary residence, provide that:
- Residence will be lost within 14 days of the date of application for homeless assistance
 - No subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing
- ☐ **Homelessness under other Federal statutes** – Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
- Are defined as homeless under the other listed federal statutes
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application
 - Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and can be expected to continue in such status for an extended period of time due to special needs or barriers
- ☐ **Fleeing/Attempting to Flee DV** - Any individual or family who:
- Is fleeing, or is attempting to flee, domestic violence
 - Has no other residence; and lacks the resources or support networks to obtain other permanent housing

Referral Agencies

- ☐ None
- ☐ Self
- ☐ Emergency or transitional shelter
- ☐ Welfare hotel
- ☐ Outreach worker
- ☐ Church staff
- ☐ Police
- ☐ Psychiatric hospital
- ☐ Mental health out-patient clinic
- ☐ Alcohol and/or other drug program
- ☐ Other Social Service staff

Applicant Signature

Co- Applicant Signature

Housing for Homeless Case Manager