

Housing Assistance Intake Form

Safety Net Program • Emergency Housing Assistance
Aging, Disability, and Veterans Services Division



Date Referral Source Name Phone Other

Applicant Information

Name • Last First MI Social Security #
DOB Phone Medicaid # Gender ☐ Female ☐ Male ☐ Transgender

Secondary Applicant Information

Name • Last First MI Social Security #
DOB Phone Medicaid # Gender ☐ Female ☐ Male ☐ Transgender

Current Address

Apt Bldg. Name Address Apt# City Zip
Monthly rent: \$ Is the rent subsidized? ☐ YES ☐ NO
How long has applicant lived at current address? Applicant is currently homeless ☐

New Address (if moving)

Apt Bldg. Name Address Apt# City Zip
Monthly rent applicant will pay at new address: \$ Is the rent subsidized? ☐ YES ☐ NO
If applicant is using a Section 8 voucher, please note date of Home Forward inspection

Total number in household

☐ Single individual ☐ Couple ☐ Parent(s) with child(ren) # of children
*Please specify all other household members not already listed (name/DOB/relationship to applicant)

Ethnicity

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Not Reported or unknown
Race (check all that apply) ☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Asian
☐ Black or African American ☐ Other, specify ☐ Not reported or Unknown

Applicant's primary language

Veteran Status Has applicant ever served in the military? ☐ YES ☐ NO

Is applicant the surviving spouse of someone who served in the military? ☐ YES ☐ NO Is applicant in receipt of any veterans' benefits? ☐ YES ☐ NO

Assistance Requested

☐ **Rent Assistance** Amount requested for rent \$ Start date End date
Does applicant owe more than requested amount? ☐ YES ☐ NO (For example, if requesting full June 2017 rent, start date is 6/1/17 and end date is 6/30/17)

If yes, please explain

☐ **Deposit Assistance** Amount requested for deposit \$ Move in date
Does deposit include last month's rent? ☐ YES ☐ NO

Landlord Payment Information (required)

Check(s) payable to Contact name Any additional payment information
Phone + ext. FAX or Email

☐ **Housing Support Service** NOTE: Assistance is authorized through contract providers

☐ **Moving** Is applicant packed and ready for move? ☐ YES ☐ NO What is the preferred move date?

☐ **Extreme cleaning or** ☐ **Preparation for bed bug treatment**

Describe unit and its contents

What are the barriers for completing preparation independently?

Submit remedy notice or preparation task list with this application along with the following

Name of Property Management Company Contact Name
Phone + ext. Email

☐ **Other need, describe**

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Monthly Income

Applicant	\$
Source	
Other household member	\$
Source	
Total household income	\$

Does applicant receive Supplemental Nutrition Assistance Program benefits (SNAP)? ☐ YES ☐ NO

Other resources & assets \$

Combined value of any financial asset including retirement accounts, savings bonds, mutual funds, stocks, certificates of deposit, and life insurance for client and spouse.

Does applicant have rep payee? ☐ YES ☐ NO

Monthly Expenses

Rent	\$
Essential utilities (gas, electric, water, etc.)	\$
Telephone	\$
Cable TV	\$
Car payments	\$
Car insurance	\$
Car fuel/oil	\$
Bus fare	\$
Credit card payments	\$
Out-of-pocket medical costs	\$
Food	\$
Other (specify)	\$
Total monthly expenses	\$
Income minus expenses	\$

Housing History & Plan • Attach any notices, remedies, or rental agreements received from landlord

1. What are the circumstances leading to this request?

2. What has been done to address circumstances to stabilize applicant's housing?

3. Please check barriers to stable housing ☐ Criminal record ☐ Past evictions ☐ Poor credit ☐ History
☐ Other, describe

4. Other Notes or Information that may be helpful in evaluating this request

Housing Assistance Request/Release

Safety Net Program • Emergency Housing Assistance
Aging, Disability, and Veterans Services Division



I am requesting one-time financial assistance and certify the foregoing statements are true and correct to the best of my knowledge. I understand that the above information may be released to agencies in the Aging, Disability & Veterans Services network, as needed, in determining eligibility and/or providing financial assistance and/or services to me and my family. I also authorize Multnomah County Aging, Disability and Veterans Services Division to speak to my payee about financial information; my landlord regarding payment information; and partnering agencies regarding additional assistance sought to meet this request. The information provided here is subject to verification by authorized local or federal officials.

I hereby authorize the release of the above information for the purpose of evaluating my request for assistance and for further follow-up research.

We, the undersigned, have participated in the development of this Housing Case Plan.

Applicant Signature	Date
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Interviewer Signature	Date	Agency and/or Phone
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Check here for electronic signature

Return completed form (3 pages) to

ADVSD Emergency Housing Assistance Program

EMAIL (secure) • advsd.safetynet@multco.us