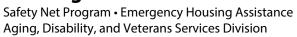
Housing Assistance Intake Form



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

Date		Referral Source Na	ame	Phone		Other		
Applicant Inf	ormation			l				
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 appl	icant lived at curre	nt address?	Applicant is cu	rrently homeless				
New Address	(if moving)							
Apt Bldg. Name			Address		Apt# City	Zip		
Monthly rent appli	cant will pay at ne	w 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 # of children *Please specify all other household members not already listed (name/DOB/relationship to applicant)								
Single individ	ual 🔲 Couple	e		<u> </u>				
Ethnicity	Hispanic o	or Latino	Not Hispanic or Latino	☐ Not R	Reported or unknown			
Race	(check all th	at apply) 🔲 Whit	te 🔲 Americ <u>an In</u>	dian or Alaska Native	Native Hawaiian or	other Pacific Islander 🔲 Asian		
	Black or Af	rican American 🔲	Other, specify		Not reported or	Unknown		
Applicant's p				_				
Veteran Stat		oplicant ever served in th	· =	∐ NO				
		omeone who served in the	he military? YES	NO Is app	plicant in receipt of any v	reterans' benefits? YES NO		
Assistance Requested								
Rent Assi	stance	Amount requested for re		Start date		End date		
Does app	olicant owe more t	han requested amount?	YES NO	(For example,	, if requesting full June 2017 r	ent, start date is 6/1/17 and end date is 6/30/17)		
If yes, please explain								
Deposit A	ssistance	Amount requested for de	eposit \$	Move in date				
Does deposit include last month's rent? YES NO								
Landlord Payment Information (required)								
Check(s) paya	ole to		Contact r	name	Any ad	ditional payment information		
Phone + ext.			FAX or Er	nail				
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			uns applicati		Contact Name			
Phone + ext.	gement com		nail					
	.al. al	EII	nati					
Other nee	a, describe							

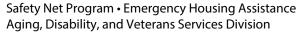
Housing Assistance Intake Form





Monthly Income		Monthly Expenses							
Applicant \$		Rent	\$						
Source		Essential utilities (gas, electric, water,	etc.) \$						
Other household member \$		Telephone	\$						
Source		Cable TV	\$						
Total household income \$;	Car payments	\$						
		Car insurance	\$						
Does applicant receive Supplemental	Nutrition YES NO	Car fuel/oil	\$						
Assistance Program benefits (SNAP)?		Bus fare	\$						
		Credit card payments	\$						
Other resources & assets \$		Out-of-pocket medical costs	\$						
Combined value of any financial asset in savings bonds, mutual funds, stocks, cer		Food	\$						
insurance for client and spouse.	runcates of deposit, and me	Other (specify)	\$						
Does applicant have rep payee?	☐YES ☐NO	Total monthly expenses	\$						
boes applicant have lep payee:		Income minus expenses	\$						
Housing History & Plan • Attack	h any notices, remedies, or renta	l agreements received from landlor	d						
1. What are the circumstances leading to this request?									
2. What has been done to add	dress circumstances to sta	abilize applicant's housing?							
3. Please check barriers to sta	able housing Crimina	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





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	
Interviewer Signature	Date	Agency and/or Phone

Return completed form (3 pages) to ADVSD Emergency Housing Assistance Program

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