



Intellectual & Developmental Disabilities Housing Assistance Request Form

Client Name:		Client DOB:	Date Submitted:
Current Address:			
New Address (if moving):			
Phone:		Email:	
Payment to be made to:			
Address to mail check:			
Phone:		Email:	
Head of Household Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Name:		DOB:	Relation to Client:
Case Manager:		CM PHONE:	CM Agency:
Type of Assistance Requested: (rent, deposit, etc.)		AMOUNT REQUESTED: \$	List month(s) asst. needed for:

Current Income: Last 30 days **monthly net** income for all household members

***Employment Income – submit last 30 days of paycheck stubs with application.**

Source: Amount:	Source: Amount:	Source: Amount:
Source: Amount:	Source: Amount:	Source: Amount:
SNAP/Food stamp Amount:	Source: Amount:	Source: Amount:
Additional Notes:		

Current Expenses: last 30 days expenses for ALL household members. **Include move in costs if moving.** Write 'onetime' if applicable. **Income minus expenses figure must demonstrate need to qualify for assistance.**

☐ Rent, ☐ Mortgage:	Electricity:	Food (include SNAP amt):
Natural Gas/Oil:	Water/Sewer:	Garbage:
Cable TV:	Telephone:	Internet:
Medical:	Credit Card:	Loan Pmts:
Car Payments:	Car Insurance:	Gasoline:
Car Maintenance/Repairs:	Bus Fare:	Clothing:
Personal Care:	Laundry:	Pet Care/Supplies:
School Expenses:	Child Support:	Childcare:
Other:_____ \$	Other:_____ \$	Other:_____ \$
Other:_____ \$	Other:_____ \$	Other:_____ \$
Additional Notes:		
Current Income	Current Expenses	Income minus Expenses =

Future Income: Anticipated **monthly net income** for all household members following the receipt of assistance. **If seeking employment estimate net earnings.**

Source:	Amount:	Source:	Amount:	Source:	Amount:
Source:	Amount:	Source:	Amount:	Source:	Amount:
SNAP/Food stamp Amount:		Source:	Amount:	Source:	Amount:

Future Expenses: Anticipated expenses for ALL household members following receipt of assistance. Write 'onetime' if applicable.

☐ Rent, ☐ Mortgage:	Electricity:	Food (include SNAP amt):
Natural Gas/Oil:	Water/Sewer:	Garbage:
Cable TV:	Telephone:	Internet:
Medical:	Credit Card:	Loan Pmts:
Car Payments:	Car Insurance:	Gasoline:
Car Maintenance/Repairs:	Bus Fare:	Clothing:
Personal Care:	Laundry:	Pet Care/Supplies:
School Expenses:	Child Support:	Childcare:
Other:_____ \$	Other:_____ \$	Other:_____ \$
Other:_____ \$	Other:_____ \$	Other:_____ \$
Additional Notes:		
Future Income	Future Expenses	Income minus Expenses =

Housing History & Plan

1. **Reason for the Request:** What are the circumstances that led to this request?

2. **Housing Plan:** What is the plan to address the housing issues and prevent them from happening in the future?

3. **Other Resources/Assets:** combined value of any financial asset or account \$_____

4. **Payee:** Does applicant have a representative payee? ☐ Yes / ☐ No, If yes, who: _____
a. If no payee, is a payee needed to achieve housing stability? ☐ Yes / ☐ No

5. **Rental Debt:** Does the applicant owe past rent/deposit beyond what is being requested?
☐ Yes / ☐ No If yes, please explain how debt will be paid: _____

6. **Eviction:** Did the applicant receive an eviction notice from the current property manager?
☐ Yes (please attach) / ☐ No

7. **Housing History:** How long has applicant lived in current living situation? _____
8. **Subsidized Rent:** Is applicant's rent based on a percentage of their income? ☐ Yes / ☐ No
9. **Utility Assistance:** Does the applicant have a disconnection pending/shut off notice?
(required to receive utility assistance) ☐ Yes (attach notice to this request) / ☐ No
10. **Moving:** (Complete only if the applicant is moving)
- a. Is the move necessary or required? (must be yes to receive deposit assistance) ☐ Yes / ☐ No
- i. If yes, please explain why? _____
- b. Is the new unit subsidized housing (rent is based on a percentage of household income)?
☐ Yes / ☐ No
- c. If type is Section 8, please specify date of Home Forward inspection: _____

Additional Comments:

Print name of person completing this form

Date

Signature of Head of Household (can be obtained following approval)

Date

*******Housing Specialist Use only *******

Pay stub 1:
Pay stub 2:
Pay stub 3:
Pay stub 4:

Annual Gross Income Amount:

Percentage of Median Family Income:

0% - 30%
30%-50%
50%-80%
Over 80

Household Size	30%	50%	80%
1	\$19,350	\$32,250	\$51,600
2	\$22,110	\$36,850	\$58,960
3	\$24,870	\$41,450	\$66,320
4	\$27,630	\$46,050	\$73,680
5	\$29,850	\$49,750	\$79,600
6	\$32,070	\$53,450	\$85,520
7	\$34,290	\$57,150	\$91,440
8	\$36,480	\$60,800	\$97,280