



## Intellectual & Developmental Disabilities Housing Assistance Request Form

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

**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. Income minus expenses figure must demonstrate need to qualify for assistance.**

<input type="checkbox"/> Rent, <input type="checkbox"/> 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:

<b>Current Income</b>	<b>Current Expenses</b>	<b>Income minus Expenses =</b>
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**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.

<input type="checkbox"/> Rent, <input type="checkbox"/> 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:

<b>Future Income</b>	<b>Future Expenses</b>	<b>Income minus Expenses =</b>
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### Housing History & Plan

- Reason for the Request:** What are the circumstances that led to this request?
  
- Housing Plan:** What is the plan to address the housing issues and prevent them from happening in the future?
  
- Resources/Assets:** combined value of any financial asset or account \$ \_\_\_\_\_
- 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
- 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: \_\_\_\_\_
- 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:** Is the utility acct. past due or at risk of disconnection?  
 (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. Anticipated move in date: \_\_\_\_\_

**Additional Comments:**

I certify the foregoing statements are true and correct to the best of my knowledge. I authorize Multnomah County Intellectual and Developmental Disabilities to share information with my payee about my financial information; my landlord regarding payment information; and partnering agencies/service providers as necessary to arrange for the assistance being requested. **I hereby authorize the release of the above information for the purpose of evaluating my request for assistance.**

\_\_\_\_\_  
 Print name of person completing this form

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Head of Household

\_\_\_\_\_  
 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