

**APPLICATION MUST BE COMPLETELY FILLED OUT!!**

**RIVER OF HOPE 2019 APPLICATION**

**PERSONAL INFORMATION**

<b>Date of Application:</b>		<b>Social Security Number:</b> -       -	
<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>	<b>Suffix:</b>
<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Female: Pregnant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Race:</b> <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____			
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law			
<b>Education:</b> <input type="checkbox"/> In School/Working on Degree <input type="checkbox"/> Received Vocational training/apprenticeship <input type="checkbox"/> Highest Grade Completed _____ <input type="checkbox"/> GED			

**EMERGENCY/ALTERNATE CONTACT INFORMATION**

<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>

**CURRENT LIVING SITUATION**

**Length of Stay in previous place of residence:**    1 year or longer    More then 3 months, but less then 1 year  
 1 to 3 months    More then 1 week, but less then 1 month    Less then 1 week

**Type:**  Own House/Apartment    Rental House/Apartment    Living with Family    Living with Friends  
 Substance Abuse Treatment Center    Subsidized Housing    Hotel/Motel    Other: \_\_\_\_\_

**U.S. Military Veteran?**  Yes    No                      **Zip Code of Last Permanent Address?** \_\_\_\_\_

**Housing Status:**    Literally Homeless    Housed and at imminent of losing housing  
 Housed and at risk of losing housing    Stably Housed    Don't know

**RESIDENTIAL INFORMATION**

<b>Street Address:</b>	<b>Apt. No.</b>
<b>City, State, &amp; Zip Code</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>

**DISABILITY TYPE (HEAD OF HOUSEHOLD ONLY)**

NONE    Developmental/Mental Disorder    Alcohol Abuse    Drug Abuse    Dual Diagnosis    HIV/AIDS

**Other:**                       Physical/Medical    Physical/Mobility Limits    Vision Impaired    Hearing Impaired

**Is your Disability of Long Duration?**                       Yes    No

**Health:**                       Excellent    Very Good    Good    Fair    Poor

**WHO LIVES IN YOUR HOUSEHOLD?**

<b>Last Name</b>	<b>First Name, MI</b>	<b>DOB</b>	<b>Relationship to the head of household</b>	<b>Social Security NO.</b>	<b>1- Asian 2- Black 3- White 4- Hispanic 5- Other</b>

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Last Name	First Name, MI	DOB	Relationship to the head of household	Social Security NO.	1- Asian 2- Black 3- White 4- Hispanic 5- Other

**CURRENT MONTHLY INCOME:**

WAGES:	SSI:	TANF:
UNEMPLOYMENT:	CHILD SUPPORT:	PENSION:
WORKMAN'S COMP:	VA PENSION:	Other:
OTHER:	TOTAL: \$	

**NON-CASH INCOME:**

MEDICAID:	SECTION 8 HOUSING:	OTHER:
MEDICARE:	SECTION 8 UTILITIES:	OTHER:
FOOD STAMPS:	WIC:	TOTAL: \$

**LIVING EXPENSES**

RENT:	NATURAL GAS:	FOOD/TOILETRIES:
ELECTRIC:	CHILD SUPPORT:	CABLE:
WATER:	TELEPHONE:	OTHER:
GAS FOR AUTO:	AUTO INSURANCE:	AUTO PAYMENT:
TOTAL: \$		

**OTHER ASSISTANCE RECEIVED:**

ARE YOU CURRENTLY ON ANY OTHER RENTAL ASSISTANCE PROGRAM (SEC 8, USDA, ETC)       YES    NO

HAVE YOU RECEIVED ANY OTHER ASSISTANCE WITH YOUR BILLS?       YES    NO      IF YES, WHAT TYPE OF ASSISTANCE? \_\_\_\_\_ WHEN? \_\_\_\_\_

ASSISTANCE? \_\_\_\_\_ WHAT AGENCY? \_\_\_\_\_ WHEN? \_\_\_\_\_

ASSISTANCE? \_\_\_\_\_ WHAT AGENCY? \_\_\_\_\_ WHEN? \_\_\_\_\_

**DESCRIBE YOUR SITUATION AND THE ASSISTANCE YOU ARE REQUESTING**

*I solemnly swear (or affirm) that the information and statements included on this form and all information furnished in support of this application are true and correct to the best of my knowledge. I also understand that GIVING FALSE OR FRAUDULENT INFORMATION IN CONNECTION WITH THIS APPLICATION IS PROHIBITED BY LAW.*

*The information provided herein is protected by law. The purpose for disclosure of the above information is for the sole use of data reporting to the US Dept of Housing and Urban Development. By signing below you authorize the use of your information for reporting purposes only and this authorization will expire exactly one year from the date of your signature below.*

Signature of applicant:	Date:
Caseworker Signature:	Date: