

Housing Status: *Select the client's Housing Status at time of program entry.*

Stably Housed – Rent Stably Housed – Own

Homeless: Category 1: Literally Homeless
 Category 2: At Imminent Risk of Literal Homelessness
 Category 3: Homeless only under other federal statutes
 Category 4: Fleeing Domestic Violence

Housed: At-Risk of Homelessness

Prior Residence: *Answer Prior Residence and Length of Stay based on the client's living arrangement the night before program entry.*

Prior Residence: Place not meant for habitation (a vehicle, an abandoned building, bus/train/anywhere outside)
 Emergency Shelter (including hotel/motel paid for with emergency shelter voucher)
 Safe haven
 Foster care home or foster care group home
 Hospital (non-psychiatric)
 Jail, prison or juvenile detention facility
 Long term care facility or nursing home
 Psychiatric hospital or other psychiatric facility
 Substance abuse treatment facility or detox center
 Hotel or motel paid by self
 Owned by client, no housing subsidy
 Owned by client, with ongoing subsidy
 Permanent Housing (other than RRH) for formerly homeless person (i.e. SHP, S+C, SRO)
 Rental by Client, with no other ongoing subsidy
 Rental by client, VASH Subsidy
 Rental by client with GPD TIP subsidy
 Rental by client with other ongoing housing subsidy (including RRH)
 Residential project or halfway house with no homeless
 Staying or living in a family member's room, apartment or house
 Staying or living in a friend's room, apartment or house
 Transitional Housing for homeless persons (including homeless youth)
 Client Doesn't Know Client Refused

Length of Stay: One night or less Two to Six nights
 More than one week but less than one month
 One to three months More than three months but less than one year
 One year or longer Client Doesn't Know Client Refused

Emergency Contact:

Name _____

Phone: _____

Emergency Guardian Other Relative
 Mentor Physician Best Friend Primary Care Giver

Reason Assistance Needed:

- Eviction within 14 days
- Eviction within 21 days
- Rental Arrears
- Utility Disconnection
- Job Loss/Significant Change in Income

- Fleeing Domestic Violence
- Exiting an Institution
- Exiting Jail/Prison/Juvenile Detention Center
- Currently Homeless
- Foreclosure
- Other: _____

What Services Are You Requesting?

Housing Relocation & Stabilization Services:

- Housing Search & Placement
- Case Management
- Mediation (between client & landlord)
- Legal Services
- Credit Repair

Shelter Operations:

- Motel/Hotel Voucher

Financial Assistance:

- Moving Costs
- Rental Application Fee
- Security Deposit
- Last Month's Rent
- Utility Deposit
- Utility Payments
- Utility Arrears (up to 6 months)

Rental Assistance:

- Short-term (1-3 months)
- Medium-term (4-24 months)
- Rental Arrears (up to 6 months)

I/We certify that the information provided on this application is accurate and complete to the best of my knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of assistance under this program. I/We also understand that if I/we are receiving assistance as a Victim of Domestic Violence and move back in with the abuser, I/we will be terminated from the program.

I/We understand that I/we are to provide any and all information as requested by the Case Manager or Program Manager that the information provided will be subject to verification, that the housing unit I/we are renting is subject to a physical inspection and must meet HUD standards before assistance can be approved. I/We also understand that any approved assistance will be paid directly to the landlord, property manager or utility company and that I/we are responsible for making whatever payments this program determines are my/our responsibility on time and in full each month. I/We also understand the case manager must be notified of any changes in income or other circumstances (e.g. changes in household composition) that affect the eligibility of assistance under this program.

Print Full Name (Head of Household)

Print Full Name (Spouse/Partner)

Signature

Signature

Date

Date

STAFF USE ONLY:

Client/Household is approved for assistance in the ESG Program? ____ Yes ____ No

If no, please provide reason: _____

Client Classification: _____ Rapid Re-Housing _____ Homeless Prevention

Date of Entry/Denial: ____/____/____ Approved/Denied by: _____
(please print)

Staff signature: _____ Date: _____