

Partners in Housing Application

Partners in Housing
455 Gold Pass Heights
CO Spgs, CO 80906
719-473-8890
***take applications here**

*Note: Every adult must complete an application
If your application is incomplete or not legible, it could delay the application process.*

Date: _____

Have you applied to PIH in the past? YES NO

Date Last Applied: _____

Were you accepted? _____

If you were not accepted please explain:

Demographic Information

Name: _____
Last First Middle

Please let us know who referred you or how you heard about Partners in Housing, Inc.:

Have You Ever Received Services Under a Different Name? Yes No

If Yes, then provide:

_____ Last First Middle

Marital Status:

- Single Married Separated Widowed Divorced Living Together Never Married/ Annulled
- Domestic Partner Common Law Unknown

Name of Spouse or Ex-Spouse: _____

Are you applying with a spouse or partner? Yes No

If applying with a spouse or partner please provide his/her name: _____

Your Date of Birth: _____ / _____ / _____ Age: _____ Your Social Security #: _____

- Gender: Female Male Transgender M to F Transgender F to M
- Doesn't identify as M, F or Transgender Don't know Refuse

Driver's License/State ID number: _____ *must have a valid state issued driver's license or ID card*

U. S. Citizen Yes No If no: What is your Alien Status: _____

Current Email address: _____

Current Mailing Address: _____
Street City State Zip Code

Cell Phone: _____ Home Phone: _____ Other: _____

Hispanic/Latino: Yes No Don't Know Refused

Race (please pick at least one racial designation, choose all that apply):

- American Indian or Alaska Native Black or African American White Asian
- Native Hawaiian or Other Pacific Islander Refused



Are you a Veteran? Have you Served/Serving in the U.S. Military

- Yes No Don't Know Refused

Do you have a Disabling Condition of any kind?

- Yes No Don't Know Refused

Do you have a pet living in your home?

- Yes No

Have you ever experience an abusive or aggressive relationship whether emotionally, physically, or verbally with anyone? Including family, friends, or an intimate partner?

- Yes No

Where Did You Stay Last Night (choose one):

Literally Homeless

- | | |
|--|--|
| <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher | <input type="checkbox"/> Interim Housing |

Institutional Situation

- | | |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Long-term care facility or nursing home |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |

Transitional & Permanent Housing Situation

- | | |
|---|---|
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |
| <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs; or HOPWA PH) | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Rental by client, with VASH subsidy | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy | <input type="checkbox"/> Client refused |

How long have you been staying there (choose one):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> 1 night or less | <input type="checkbox"/> 2 to 6 nights | <input type="checkbox"/> 1 week or more, less than 1 month | <input type="checkbox"/> 1 month or more, less than 90 days |
| <input type="checkbox"/> 90 days or more, less than 1 year | <input type="checkbox"/> 1 year or longer | <input type="checkbox"/> Refused | <input type="checkbox"/> Don't know |

If you are currently housed, are you being evicted or asked to leave within 14 days?

- Yes No Don't Know

Approximate date homelessness started? ____/____/____

What is the total number of times you have been homeless on the streets, in Emergency Shelter, or Safe Haven in the past three years including today?

- 1 2 3 4 or more Don't Know Refused

How many months (combined) have you been homeless on the streets, in Emergency Shelter, or Safe Haven in the past 3 years?

- 1 (this is the first month) 2 3 4 5 6 7 8 9 10 11 12 More than 12
 Don't Know Refused

What is your last Permanent Address (where you last lived for 90 days or more):

Last Permanent Address: _____
Last Permanent City: _____ State/Province: _____
Last Permanent Zip Code: _____ Dates resided from _____ to _____



Reasons or contributing factors to homeless situation (may check more than one):

- Abuse or violence in my home
- Alcohol/substance abuse problems
- Asked to leave
- Bad credit
- Couldn't pay utilities
- Discharge from foster care
- Discharged from jail
- Discharged from prison
- Family member or personal illness
- Legal Problems
- Lost a job/couldn't find work
- Mental illness
- Moved to find work
- Problems with public benefits
- Relationship problems or family break-up
- Reasons related to my sexual orientation
- Unable to pay rent/mortgage
- Other _____

Employment & Income

Are you able to work or re-train: Yes No (there is a full time activity requirement for the PIH program)

Currently Employed: Yes No

If Yes: How Many Hours Worked Last Week: _____ **What is your hourly wage:** _____

Who is your Employer: _____

Type of Work: Permanent Temporary Seasonal Contract Based

If No: Are you looking for work: Yes No

What was timeframe of your last job: ____/____/____ to ____/____/____

If not employed, explain why: _____

Did you receive income from work in the last month? Yes No

What was your income from employment in dollars: \$ _____

What was your income from other sources?

Unemployment insurance	\$ _____	Supplemental Security Income	\$ _____
Social Security Disability Income	\$ _____	VA Service Connected Compensation	\$ _____
VA Non-Service Disability Pension	\$ _____	Private Disability Insurance	\$ _____
Worker's Compensation	\$ _____	TANF	\$ _____
General Assistance	\$ _____	Retirement from Social Security	\$ _____
Pension/Retirement from former Job	\$ _____	Child Support	\$ _____
Alimony or Spousal Support	\$ _____	Other Source	\$ _____

Non-Cash benefits

- Food Stamp or Benefits Card: Amount \$ _____
- TANF Child Care services
- TANF transportation services
- Section 8, public housing, or other ongoing rental assistance
- Temporary rental assistance. If yes, specify source _____
- Special Supplement Nutrition Program for Women, Infants, Children (WIC)
- Other TANF-funded services
- Other source _____

Health Insurance

- Medicaid
- Veteran's Administration (VA) Medical Services
- Private Pay Health Insurance
- Medicare
- Employer-Provided Health Insurance
- State Health Insurance for Adults
- State Children's Health Insurance
- Health Insurance obtained through COBRA



Children (for Minors up to age 17):

Name (first and last)	Sex	Date of Birth	Race*	Hisp Y/N	Name of School/ Daycare	Full Social Security Number	Name of Other Parent
1.							
2.							
3.							
4.							
5.							

*American Indian or Alaskan Native, Asian, White, Black or African American, Native Hawaiian or Other Pacific Island

Who has legal custody of the child(ren)? _____ **Where are they living?** _____

If separated does the other parent have visitation rights? Yes No

If yes, how often & where does this occur: _____

Is there a safety concern? If yes, please explain: _____

Have you ever been investigated for Child Abuse and/or Neglect? Yes No

If yes, list dates involved: _____

If Yes, Explain Incident: _____

DHS Caseworker's Name: _____ Phone: _____

City/County/State: _____

What was the outcome? _____

Criminal Background

Have you ever been arrested, charged of a crime, or convicted of a crime? Yes No

If yes, list dates, city, county, state, and explain: _____

Are you currently involved in any court/legal proceedings? Yes No

If yes, list dates, city, county, state, and explain: _____

ANSWER THE FOLLOWING QUESTIONS IN DETAIL:

1. What steps have you taken, so far, to prevent you from becoming homeless:

A. _____

B. _____

C. _____

2. Once you obtain housing, what are your:

A. Educational Goals: _____

B. Career Goals: _____

C. Life Goals: _____



Substance Use:

- a. When was the last time you had something alcoholic to drink? _____
- b. How much do you drink at one time? _____
- c. How many times did you drink last month? _____
- d. Has your drinking caused any problems for you? Yes No
Please Explain: _____
- e. Have you ever been arrested for any alcohol related driving offenses? Yes No
Please Explain: _____
- f. Have you ever been in an alcohol treatment program? Yes No
If Yes, When and Where: _____

Drugs:

- a. Have you ever used drugs? Yes No
If Yes, When and What: _____
- b. When was the last time you used drugs? _____
- c. Have you ever been in a drug treatment program? Yes No
If Yes, dates, city and state, name of treatment facility: _____
- d. Have you ever been arrested for any drug related offenses? Yes No
If Yes, dates, city and state, offense: _____

Mental Health History (Psychiatric or Emotional):

- a. Have you ever received treatment for an emotional problem or mental disorder? Yes No
If Yes, Please list the diagnoses: _____
Who is your mental health provider: _____
- b. Have you ever been prescribed medications for a mental, emotional, or behavioral concern? Yes No
If Yes, Please list:
Name(s) of medication(s): _____
Dates taking medication: _____

I GIVE "PARTNERS IN HOUSING" PERMISSION TO CONTACT ALL REFERENCES & RUN A CRIMINAL BACKGROUND CHECK. I understand that if I fail to provide written permission, my application will not be processed.

Applicant Signature

Date

ATTEST OF INFORMATION

I attest that all the information provided in this application is honest and accurate to the best of my knowledge. I understand that any deliberate misrepresentation of the information could result in my being denied acceptance into or expelled from transitional housing.

Applicant Signature

Date

Applicant Printed Name

INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.

All applicants are to be assured of confidential treatment of personal information to the extent possible. PIH shall obtain written permission for the release of information, unless such release is otherwise authorized by law.



DECLARATION OF HOMELESS/ABUSED STATUS AND INCOME
(TO BE COMPLETED BY RESIDENT AND RETURNED TO BUILDING MANAGER)

INSTRUCTIONS:

This form is necessary for the owner of your apartment or residency to obtain exemption from property tax assessment against your unit. Please complete Sections I, II, and III and return this form along with a copy of any Federal Income Tax return you were required to file, to your building manager. If two residents live in the unit and filed jointly with the IRS, both residents may be listed on one form. Resident filing separately with the IRS must complete a separate Declaration form.

SECTION I: HOMELESS OR ABUSED STATUS

A. List each person who resided in this unit on January 1st. If you are claiming to be "Homeless," read the following definitions of homeless, and choose the letter that best describes your situation immediately prior to occupying the residence. In addition, describe your specific circumstances below.

- (A) Staying in an emergency temporary shelter for the homeless.
- (B) Staying in a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- (C) At imminent risk of homelessness because I faced immediate eviction and was unable to identify an alternative residence.
- (D) Released from an institution for the handicapped or disabled, and was unable to identify an alternate residence.
- (E) Resided in a homeless shelter during the 6 months prior to moving into this facility.

B. If you are claiming to be "Abused," were you or a member of your immediate family who resides with you in this unit physically, mentally and/or emotionally injured immediately prior to occupying this residence and do you and your family reside at this facility because of this abuse? Please answer YES or NO and describe your specific circumstances below.

UNIT #	NAME & ADDRESS of RESIDENT	HOMELESS? A, B, C, D or E	ABUSED? Y or N	DEPENDENTS INCLUDED IN INCOME CALCULATION
_____	_____	/	_____	_____
_____	_____	/	_____	_____
_____	_____	/	_____	_____
_____	_____	/	_____	_____
Explanation of homeless or abused status:				

SECTION II: CALCULATION OF GROSS INCOME

If your building manager has not completed Subsection A, you must complete either Subsection B, C, D, or E in order to calculate your total actual income received for the last calendar year. If you did not file a federal income tax return, you must complete Subsection B. If you filed a federal income tax return, and you must attach a copy of your IRS return to this Declaration form.

SECTION III: SIGNATURE AND VERIFICATION

I (we) declare under penalty of perjury in the second degree that I (we) have examined this statement, and to the best of my (our) knowledge and belief, it is true, correct and complete.

Signature

Date

Co-Signature

Date

RESIDENTS: Return this completed form to your building manager, along with a copy of any Federal Income Tax return you were required to file.

BUILDING MANAGER: These forms are to be compiled and listed on the "List of Occupants."



Client Management System
---Shared Client Release Authorization---

I, _____, have received the **Client Management System (CMS) Privacy Policy and Client Management Disclosure** and my questions about these documents have been answered. It has been explained to me that **Partners in Housing** will collect information about me and/or my family to help that agency provide me with the best possible services. By signing this form I am allowing this agency to put my information into the Client Management System (CMS).

The following items have been explained to me and my questions have been answered:

- I understand that the information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.
- I understand that the receipt of services is based on agency policy and the requirements of certain funding agencies
- I understand that this written consent allows **Partners in Housing** to collect (in writing or direct input), enter, see, and update information about my family and myself in the CMS.
- I understand that **Partners in Housing** and the CMS system administrators will never give information that can be used to tell who I am to anyone outside the agency without my written consent or as required through a court order.
- I understand that I may sign a written request to change my release authorization at any time.
- I understand that this release is valid for seven (7) years after the last time I receive services from the agency.
- I understand that I have the right to see my CMS record, ask for changes to the information that it contains, and to have a copy of the information contained in my CMS record from the above named agency by written request.
- I understand that the confidentiality of my records is protected by law.
- I understand that this release authorization covers all members of my family as indicated on my application.

Client Release Authorization (initial below and sign where indicated):

____ I understand my information will be shared with participating agencies per Information Disclosure list and for community reporting purposes

SIGNATURE OF CLIENT OR GUARDIAN

DATE

PRINTED NAME OF CLIENT OR GUARDIAN

SIGNATURE OF AGENCY REPRESENTATIVE

DATE

