

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

Relationship 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 anyone else, age 18 or over? Yes No Is this a spouse or partner? Yes No

If applying with another adult please provide his/her name: _____

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

Gender: Female Male Non-Binary/third gender Don't know Refuse Prefer to self-describe _____

Preferred Gender Pronoun: She Him Other _____

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

Preferred Method of Contact: Email or Phone

Cell Phone: _____ Home Phone: _____ Other: _____

Hispanic/Latino: Yes No Don't Know Refused List your primary language _____

List your secondary language _____

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

All applicants for the Partners in Housing program are considered equally without discrimination on the basis of sex, race, color, national or ethnic origin, religion, sexual orientation, gender identity, age, physical ability, military or veteran status, or any other characteristic protected under federal, state, or local law

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"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | |
| <input type="checkbox"/> Rental by client, with VASH subsidy | |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy | |

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? ____/____/____

Explanation of homeless status:

| |
|--|
| |
| |
| |
| |

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

Privacy statement: *The collection, processing, and storage of collected information is confidential and will not be shared. Applications are kept in a secure and locked location and are stored for a determined time, per agency regulations.*

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.

