Application for HomePlate Apartments

Sponsor-Based Rental Assistance

502 Nathan Barron Alley
Po Box 98
Nome Alaska 99762

Program Contact: Supportive Housing Manager

Office: (907)-443-5259 **Fax:** (907)-443-2990

Applicant Information –

Last Name:	
First Name:	
Middle Name:	
Social Security Number:	
Birth Date	
Mailing Address:	
Phone:	
Gender:	
Veteran (Y/N)	
Emergency Contact:	
Emergency Contact Number:	

Ethnicity (circle one):

A. American Indian/Native Alaskan

B. Asian

C. Black/African American

D. Native Hawaiian/Pacific Islander

E. White

Race (circle one):

A. Non-Hispanic/Latino

B. Hispanic/Latino

Family status (circle one):

A. Single **B.** Married

C. Partner **Number of children_____**

Income Information

List all the income you receive on the following chart.

Source:		Amount Per Month:
Supplemental Security Income (SSI)		
Social Security Disability Income) (SSDI)		
Social Security (Retirement, Death benefits)		
General Public Assistance		
Interim Public Assistance		
Alaska Temporary Assistance Program (ATAP)		
Child Support		
Veterans Benefits		
Veterans Health Care		
Employment Income		
Unemployment Benefits		
Alaska Permanent Fund		
Native Corporation Dividends		
Corporation Name		
Additional Corporation/Tribal		
No Financial Resources		
Medicare		
Medicaid		
Food Stamps		
WIC		
Other (please specify)		

Asset Information

List assets of all household members including checking accounts, savings accounts, IRAs, CDs, real estate, stocks, bonds, recreational vehicles, boots, and fishing permits, including the value of each

Checking account – bank or credit union:

Bank:_____ Account: #_____ Amount: $_____

Address:_____

Savings account – bank or credit union

Bank:_____ Account: #_____ Amount: $_____

Address:_____

Stocks & Bonds (Value) Amount: $_____

IRA/CD (Value) Amount: $_____

Real Estate (Value). Amount: $_____

Other (Value) Amount: $_____

Child Care Expenses

Do you receive Child Care Assistance? (circle one) YES. NO.

Assistance Amount: $_____(hr/wk/mo/yr)

Name Child-Care Provider: _____

Address: _____

Phone Number: _____

_____Guardian _____Conservator _____Payee

Please provide name/agency/contact # of above:_____

Client Information

Circle all that applies. Applicant must meet the criteria below:

Disability: What is the applicants verified disability category?

A. Mental illness B. Alcohol abuse

C. Drug abuse D. HIV/AIDS & related diseases

E. Developmental disability F. Physical disability

G. Chronic health condition

Homeless: *What was the applicant's prior living situation in the week prior to application?*

A. Non-housing (streets, car, camp, etc.). B. Emergency shelter

C. Transitional housing for homeless D. Psychiatric facility*

E. Substance abuse treatment facility* F. Hospital*

G. Jail/prison*

**is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.*

Approximate date homelessness started: _____

Duration of homelessness:

A. <1 day. **B.** 1-30 days. **C.** 31-180 days

D. 181-365 days. **E.** 366-730 days **F.** >730 days

Chronic Homelessness: *To be considered "chronically homeless" a person must have been living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months OR on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described above. Stays in institutional care facilities for FEWER than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12 month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.*

Has the applicant been:

A. Homeless for 12 or more consecutive months

B. Homeless 4 or more times in the past 3 years totaling a combined 12 months and meets all of the criteria set forth by HUD

Total number of months homeless _____

If the person is considered to be chronically homeless, please see additional homeless verification requirements.

Describe the applicant's current living situation:

_____
_____
_____
_____
_____
_____

List previous residences for the past two years (if any)

Address: _____

From: _____ To:_____

Address: _____

From: _____ To:_____

Please list any other agencies providing services to the applicant. Please include agency contact name, and phone number.

_____
_____
_____
_____
_____
_____

I hereby give m permission for Nome Community Center to verify any information they may need to determine my eligibility for housing and for continued occupancy in the Sponsor-based rental assistance program. I fully understand this waiver covers future, as well as current verification from State and Federal Agencies. Nome Community Center is hereby given my permission to request information from all other available sources.

The above information is true and correct. I hereby authorize Nome Community Center to check references and verify information contained in the application.

_____

Applicant Name

_____ _____

Applicant Signature Date

_____

Housing Program Manager (print name)

_____ _____

Housing Program Manager (signature) Date

Referral from Coordinated Entry? Circle one.

A. Yes **B.** No

Date of referral from Coordinated Entry_____

Date application submitted _____

Supportive Housing Programs – Applicant Profile

Please provide a brief narrative describing the applicant with regards to the following areas. This information is being requested because in instances where we have had problems with tenants that resulted in evictions, it is these areas that have been the causes of the problems. Please use additional pages if necessary.

1. Please describe the applicant's relationships to persons who may cause problems for them or victimize them, (i.e. drug dealers, domestic violence, etc.) and evaluate the potential for victimization on a scale of 1 to 5 with 5 being the greatest risk. Circle one.

Least risk Greatest Risk

1 2 3 4 5

2. Please describe the ability of the applicant to set boundaries, apply appropriate refusal skills, and set limits for themselves and others with regard to allowing other people free access to his/her apartment. Evaluate the applicant's ability in this regard on a scale of 1 to 5 with 1 being the highest ability to set boundaries, etc.

Excellent boundaries/refusal skills Minimal boundaries/ poor refusal skills

1 2 3 4 5

3. Please describe the applicant's level of treatment compliance and engagement. Evaluate the applicant's ability in this regard on a scale of 1 to 5 with 1 being the highest quality of compliance and 5 being the lowest quality of compliance

High level of compliance Non-compliant

1 2 3 4 5

Please fill out the following form and also describe the applicant's history with regard to substance use and legal history, specifically if the applicant is currently using substances or is presently on probation/parole.

Mental Health (circle all that apply)

A. No treatment history **B.** Outpatient only

C. <3 Psychiatric hospitalizations. **D.** >3 Psychiatric hospitalizations

Alcohol and drug treatment (circle all that apply)

A. No treatment history **B.** Outpatient only

C. <3 In-patient admits **D.** >3 in-patient admits

Legal history (circle all that apply)

A. past probation/parole **B.** Present probation/parole

C. # Jail sentences ____ **D.** Felony History

Applicant Checklist

The following information must be provided in order for the application to be processed.

_____ Completed and signed application

_____ Verification of disability from a physician or other licensed professional. (HOH only)

_____ Verification of income (within 30 days) to include; Social Security/APA printout, child support statements, bank statements, notarized zero income statement, paycheck stub, etc. (ALL household members)

_____ Verification of current living situation and program eligibility based upon homelessness. Please see the table that follows this page for directions on proper verification of homelessness. (HOH only)

_____ All applicable ROIs such as Permanent Fund Dividend, OPA, Social Security, AHFC, Department of Public Assistance, Native Corporations, Case Managers, Service Agencies, Health Care, etc. A current ROI will be required with the new property owner when the tenant moves into their apartment. (ALL household members)

_____ Copies of identification, Social Security Cards, birth certificates (for children if applicable), ECT. (ALL household members)

_____ Care plan/case plan/service plan attached. (HOH only)