**APPLICATION FORM**

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| **PARTICIPANT INFORMATION** |
| First and Last Name & Date:       |
| Phone number 1:       Phone number 2:       |
| Email address:       |
| Are you currently without a home: [ ]  Yes [ ]  No  |
| Are you or someone in your household experiencing domestic violence or other type of violence: [ ]  Yes [ ]  No  |

Are you or someone in your household a veteran: [ ]  Yes [ ]  No

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| **OTHER HOUSEHOLD MEMBERS** |
| First Name:  | Last Name: | Relationship:  | Age:  |
|       |       |       |       |
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| **EMERGENCY CONTACT** |
| First and Last Name:       |
| Address:       City:       State:       Zip code:       |
| Phone number:        |

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| **CURRENT HOUSING IF RENTING**  |
| Current Address:       City:       State:       Zip code:       |
| Length of time at this address:       |
| Monthly rent amount:       |
| Does rent include utilities: [ ]  Yes [ ]  No  |
| Number of bedrooms:       |
| Landlord/manager’s name:       |
| Landlord/manager’s phone #:       |
| Landlord/manager’s address:       City:       State:       Zip code:       |
| Are you currently behind in rent?       If so, by how much?       |
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| **PREVIOUS HOUSING IF CURRENTLY HOMELESS** |
| Prior Address:       City:       State:       Zip code:       |
| Length of time at prior address:       |
| Reason for leaving:       |
| Landlord/manager’s name:       |
| Landlord/manager’s phone #:       |
| Landlord/manager’s address:       City:       State:       Zip code:       |
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| **NATIONAL GRID HISTORY**  |
| Do you have an outstanding National Grid bill? [ ]  Yes [ ]  No  |
| If yes, we encourage you to contact National Grid to arrange a payment plan.  |
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| **Reason for Eviction/ Leaving**  |
| [ ]  Rent Non-Payment [ ]  Mortgage Non-Payment [ ]  Code Violations |
| [ ]  Property Damage [ ]  Behavioral Issues [ ]  Landlord Relations |
| [ ]  Other (Specify): |
| If rent non-payment, did you go to court? [ ]  Yes [ ]  No  |
| If not, why?  |
| Was there judgment against you? [ ]  Yes [ ]  No Amount Owed (If known) $ |
| Have you ever been evicted or asked to leave before this most recent occurrence? [ ]  Yes (How many times?      ) [ ]  No  |
| Please describe the specific factors contributing to this current situation: |
| **POTENTIAL HOUSING STATUS** [ ]  **Action needed:** |
| Have you applied to Section 8 or other housing subsidy program? [ ]  Yes [ ]  No |
| If yes, please check the ones that are relevant:☐ Troy Housing Auth ☐ Catholic Charities ☐ Rens. Housing Auth ☐Albany Housing Auth ☐ Section 8 ☐ Unity House/St Paul’s Center/Joseph’s House/YWCA |
| **INCOME IN YOUR HOUSEHOLD** [ ]  **Referral idea:** |
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| First & Last Name:  | Source of Income: | Monthly Income:  | Age:  |
|       |       |       [ ]  Before Taxes [ ]  After Taxes  |       |
|       |       |       [ ]  Before Taxes [ ]  After Taxes  |       |
|       |       |       [ ]  Before Taxes [ ]  After Taxes  |       |
|       |       |       [ ]  Before Taxes [ ]  After Taxes  |       |
|       |       |       [ ]  Before Taxes [ ]  After Taxes  |       |
|       |       |       [ ]  Before Taxes [ ]  After Taxes  |       |

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| **FOOD SECURITY** [ ]  **Referral idea:** |
| 1. Within the past three months, have you been worried about whether your food would run out before you got money to buy more? [ ]  Yes [ ]  No
 |
| 1. Do you utilize any food pantries? [ ]  Yes [ ]  No
 |
| 1. Do you receive WIC? Food stamps/SNAP? [ ]  Yes [ ]  No
 |
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| **COUNTY BENEFITS – Do you receive any of the following?** |
| 1. SNAP? [ ]  Yes [ ]  No
 |
| 1. Temporary Assistance? [ ]  Yes [ ]  No

If yes, what is your TA number? |
| 1. Public Assistance? [ ]  Yes [ ]  No

If yes, what is your PA number? |
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