**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:** |
| |  |  |  |  | | --- | --- | --- | --- | | 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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