**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  |  |  |  |  |
| **ALL HOUSEHOLD MEMBERS** |  |  |  |  |
| First Name:  | Last Name: | Relationship:  | Birth Date & Age:  | Gender: | \*Ethnicity: | \*Race: | Veteran? Y or N |
|       |       |       |       |       |       |  |       |
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| **EMERGENCY CONTACT** |
| First and Last Name:       |
| Address:       City:       State:       Zip code:       |
| Phone number:        |

\***Ethnicity** categories include: 1. Hispanic or Latino, 2. Not Hispanic or Latino

\***Race** categories include: 1. American Indian or Alaska Native, 2. Asian, 3. Black or African American, 4. Native Hawaiian or Other Pacific Islander, 5. White

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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?       |
|  |
| **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
 |
|  |
| **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? |
|  |

**DATA COLLECTION NOTICE:**

We collect personal information directly from you for reasons that are discussed in our privacy notice. We may be required to collect some personal information by law or by organizations that provide us with the funds to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons or persons at risk of homelessness, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate. You will be provided a copy of the HMIS Privacy Notice at intake, and a copy of HMIS privacy policy is available upon request.

*Thank you for helping us toward our goal to understand and eliminate homelessness in our community!*