

CLTC #: _____

Date: _____

HOME AGAIN INITIAL HOUSING INTAKE

You have indicated that you need help finding housing from Home Again Eligibility Packet. Please answer all of the following questions. **Note: Failure to provide truthful information/related documents may result in delayed transition or termination of your application.**

1. **Virtual Accessibility** – In lieu of an in person tour of any potential housing, the participant may be asked to participate in a virtual tour of potential locations.

- Does the participant have access to a device that would allow video conferencing (such as a Tablet, iPad, or Smart Phone)? Yes No
- What type of equipment is available? _____
- Please provide appropriate contact information for available equipment that will be utilized:
 Telephone number: _____
 Email: _____

2. **Basic Information**

- Have you served in the US Military? Yes No
- Are you a person in a wheelchair? Yes No
- Will you be living with your family or friend? Yes No
 Name: _____ Contact Number: _____ Relationship: _____
- Will you consider having a roommate? Yes No
- What county/city are you willing to reside in? _____
- Are you willing to relocate? Yes No
- If yes, which counties/cities: _____

3. **Income Information**

Indicate all income sources and the amounts.

- Nursing home monthly stipend Amount: \$ _____
- Social Security Income: \$ _____
- Social Security Disability Income: \$ _____
- Pension: \$ _____
- Other: \$ _____

4. Housing History: Please list your Housing References for the past five years. Start with your most recent:

Name of Apartment or Owner	Property Address	Phone Number	Dates	Type of Housing	Rent Amount
			From: To:	<input type="checkbox"/> Rent/Lease <input type="checkbox"/> Section 8 <input type="checkbox"/> Owned	
			From: To:	<input type="checkbox"/> Rent/Lease <input type="checkbox"/> Section 8 <input type="checkbox"/> Owned	
			From: To:	<input type="checkbox"/> Rent/Lease <input type="checkbox"/> Section 8 <input type="checkbox"/> Owned	
			From: To:	<input type="checkbox"/> Rent/Lease <input type="checkbox"/> Section 8 <input type="checkbox"/> Owned	
			From: To:	<input type="checkbox"/> Rent/Lease <input type="checkbox"/> Section 8 <input type="checkbox"/> Owned	
			From: To:	<input type="checkbox"/> Rent/Lease <input type="checkbox"/> Section 8 <input type="checkbox"/> Owned	

- Have you ever received the Housing Choice Voucher? Yes No

If yes, which housing authority? _____

- Have you ever been evicted? Yes No

If yes, Date of eviction: _____ Address: _____

- Have you ever had a foreclosure? Yes No

- If yes, Date of eviction: _____ Address: _____

5. Credit History

Check any that apply

- Past due utility/phone bill – utility company/amount _____
- Past due credit card bill(s) _____
- Owe money to a public housing authority _____
- Past due rent _____
- Other past due bills _____
- Medical bills _____
- Filed for bankruptcy - Date _____
- Do you have a representative payee?
- Do you want to have a representative payee?

6. Transportation Information:

- Have you applied for Mobility/Para-transit in your county/jurisdiction of residency?
Yes No
- Do you travel on your own? Yes No
- Do you have other transportation options? Yes No

7. Criminal History – Please ensure that this section is completed in its entirety with all related information as it could affect the status of your housing applications.

- Have you ever been arrested? Yes No
If yes, what was the date of arrest? _____
- Do you have any prior convictions? Yes No
If yes, what was the date of conviction? _____

- Have you ever been incarcerated? Yes No
If yes, what were the dates of incarceration? _____
- Do you have any open warrants? Yes No
- Are you currently on parole or probation? Yes No
- Do you currently have legal representation? Yes No
- Are you or any other household member subject to a lifetime registration requirement under a state sex offender registration program?
If yes, which state? _____

Revised on: 09/30/2020