

# Housing Intake Form—Update

OFFICIAL USE	
Received by: _____	Time Received: _____
Date Received: _____	W-L#: _____ (YYYYMMDD###)

Which property are you applying for, name of property: \_\_\_\_\_

1. Are you interested in remaining on the wait list?  Yes  No
2. If the wait list update letter you received indicates a transition to CES, are you interested in attending a 15-30 minute assessment to enter the CES database?  Yes  No  N/A
3. Have you already been entered into the CES database?  Yes  No
4. Primary Applicant Name: \_\_\_\_\_
5. Household size: \_\_\_\_\_
6. Mailing Address: \_\_\_\_\_
7. Phone Number: \_\_\_\_\_
8. Alternate Number: \_\_\_\_\_
9. Emergency Contact Name: \_\_\_\_\_
10. Phone Number: \_\_\_\_\_

Please complete the chart below for **ALL** household members applying. Use an additional form if more household members.

Names of All Household Members	Date of Birth	Relationship to Primary Applicant	Last 4 digits of SS# or ITIN#	Source(s) of Income	Monthly Income	Full Time Student?
		Self			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**OPTIONAL:** 1. Please indicate if you are requesting a unit with special accommodations for any member of your household. Check all that apply:  Mobility  
 2. If you require an interpreter please provide the language preferred: \_\_\_\_\_  Visual Impaired  
 3. If you require any other special accommodations please contact Property Management so that reasonable accommodations can be made.  Hearing Impaired

- A. Do you have a diagnosed disability?  Yes  No
- B. Have you been approved for MHSA housing? (If yes, attach MHSA Eligibility Certification form)  Yes  No
- C. Have you ever served in the U.S. military? (If yes, answer a and b below)  Yes  No
  - a. Discharge Status:  Honorable  Other than honorable  Dishonorable
  - b. Are you eligible to receive VA healthcare services?  Yes  No
- D. Are you homeless? (If yes, answer a and b below)  Yes  No
  - a. How long have you been homeless? \_\_\_\_\_
  - b. How many times have you been homeless during the past 3 years? \_\_\_\_\_
- E. Where are you currently living? (Please check the box that applies to your current housing situation.)
  - Transitional Program: \_\_\_\_\_  Crisis Program: \_\_\_\_\_
  - Shelter: \_\_\_\_\_  Other (i.e. renting, etc.): \_\_\_\_\_

Referring Agency/Case Manager Information (If Applicable)	
Referring Agency Name: _____	Case Manager Name: _____
Mailing Address: _____	Email Address: _____
Phone Number: _____	Fax Number: _____
<b>OPTIONAL:</b> _____ I hereby authorize the aforementioned agency to coordinate, exchange and release information and personal records regarding my application with Property Management and Residential Services. (Applicant Initials)	

-I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief  
 -I/we understand that false statements or information are punishable under federal law and are cause for denial of housing and will be grounds for immediate termination and cancellation of the application process by Property Management or Owner.

Primary Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Other Adult Household Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax the completed form directly to each property you would like to apply.  
 Unsigned forms will not be considered  
 Feel free to contact Property Management to confirm receipt of this form.

