

Garden Park Apartments

A Project of Contra Costa Interfaith Housing and Mercy Housing California

Application for Permanent Supportive Housing

(Please type or print in ink)

Received:

Time: _____

Date: _____

Referral Information:

Referring Agency: _____

Contact Name: _____

Address: _____

Telephone Number: _____

Facsimile Number: _____

E-Mail Address: _____

Household Information:

Name of Head of Household: _____

Head of Household's Social Security Number: _____

Current Address or Contact Information: _____

Telephone Number: _____

Hours When Can Be Reached: _____ to _____

Date of Birth: _____

Type of Current Residence:

24-hour Shelter (name): _____

7 to 7 or Evening Shelter (name): _____

Hotel/Motel (name): _____

Vouchered by County City State

Other (name): _____

With Relatives

With Friends

Living in Car

Living on Street

Currently hospitalized (name of hospital): _____

Location/Address: _____

Reason for hospitalization: _____

Length of Stay: _____

Release Date: _____

Currently Incarcerated (name of facility): _____

Location/Address: _____

Reason for incarceration: _____

Length of Stay: _____

Release Date: _____

Other (please describe): _____

Other Adults in Household:

Name	Relationship	Date of Birth	Social Security #
1.			
2.			
3.			

Children in Current Custody by Head of Household:

Name	Sex	Date of Birth	Social Security #
1.			
2.			
3.			
4.			
5.			
6.			

(Continue on Separate Sheet if Necessary)

Children NOT in Current Custody by Head of Household:

Name	Sex	DOB	SSN	Where is Child	How Long Away from Home	Expect to Reunite? When
1.						
2.						
3.						
4.						
5.						
6.						

Rental History:

Number of prior evictions from housing when listed on the lease: _____

Number of prior evictions from housing when NOT listed on the lease: _____

Number of times has executed lease agreements for housing: _____

Date of last eviction: _____

Reasons for prior evictions:

Nonpayment of rent

Person in household not on lease

Illegal activity – drugs related

Illegal activity – non drug related

Domestic violence

Property damage

Other (explain): _____

Number of times applicant went to court to contest evictions: _____

Does applicant have a Section 8 Certificate or Voucher in good standing? Yes No

If Yes, length of time remaining on Certificate/Voucher: _____

Issuing Authority and/or Program: _____

Does applicant have other rental assistance available? Yes No

If Yes, describe: _____

Housing eligibility requirements? _____

Income/Employment History (Please complete for all adults in household):Is applicant currently employed? Yes No

Employer Name: _____

Address: _____

Phone: _____

Hourly Rate: _____ Number of Hours Per Week: _____

Employment Status (check all that apply):

- Permanent
 Temporary
 Seasonal
 Sheltered or program-related employment

Length of current employment (dates): From _____ To _____

Other Sources of Income: TANF (welfare) \$_____ per month

Recipient's Name: _____

 State SSI \$_____ per month

Recipient's Name: _____

 Social Security \$_____ per month

Recipient's Name: _____

 Food Stamps \$_____ per month

Recipient's Name: _____

 General Relief \$_____ per month

Recipient's Name: _____

 Disability \$_____ per monthType of Coverage: Permanent Temporary

Recipient's Name: _____

 Worker's Compensation \$_____ per month

Length of Benefits to Date: _____

Expected Duration (date): _____

Recipient's Name: _____

 Retirement/Pension \$_____ per month

Recipient's Name: _____

 Child Support \$_____ per month Other (explain): _____ \$_____ per month Other (explain): _____ \$_____ per month**Personal Property/Assets:**

You must list all assets and personal property you own. Attach a separate sheet if necessary.

Type of Asset	Name of Verification	Address of Verification	Value of Asset
Pension or Retirement			\$
Cash in Banks or Home			\$
Stocks/Bonds			\$
Inheritance			\$
Real Estate			\$
Interest in Real Estate			\$
Real Estate Commercial			\$
Other			\$

Determination of Disability:

Do you consider yourself, or another member of the household, as having a disability?

Yes No

If Yes, who has this disability? _____

CCIH houses individuals with histories of disabilities including mental illness and substance abuse. Do you think you qualify for housing under these disabilities?

Yes _____ No _____

A portion of Garden Park Apartments have reduced rents available for households that include persons who are HIV+ or have AIDS. Do you believe your household may qualify for this subsidy?

Yes _____ No _____

Any claimed disabilities will be verified with a professional reference.

Criminal History:

Have you ever been arrested and convicted of any of the following?

- Domestic Assault
- Assault
- Robbery
- Property Damage
- Any other Violent Crime (explain): _____
- Drug(s):
 - Possession
 - Distribution/Trafficking
 - Other (explain): _____

Do you currently have any outstanding criminal justice issues?

- Outstanding Warrants (explain): _____
- Bail Violations (explain): _____
- Current Convictions, awaiting sentencing
- Sentencing Obligations

Are there any legal and/or personal matters which could interfere with your taking possession and maintaining occupancy in the Garden Park Apartments? Yes No

If Yes, please explain: _____

I certify that the information in this application is true and correct. I understand that submitting false or incomplete information on this application may cause the household to be ineligible for housing or may result in termination of tenancy.

I authorize Mercy Services Corporation, Managing Agent for Garden Park Apartments to contact the sources listed in this application for the purposes of verifying the accuracy of the information,

All household members 18 years and older must sign this application.

Signed: _____
(Name of Applicant)

Date: _____

Signed: _____

Date: _____

Signed: _____

Date: _____

Witnessed/Prepared By: _____
(print or type)

Date: _____

Signature of Witness/Preparer: _____