

Ravenwood Mental Health Center
Housing Services Application

DATE: _____

Printed Name: _____
Last First Middle

Address: _____

Telephone: _(____)_____ home work cell friend/family

Social Security # _____ - _____ - _____ Are you a **veteran**? Yes No **Gender:** Male Female
Ethnicity: Latino/Hispanic Non-Latino or Non-Hispanic **Race:** American Indian Asian Black/African American
 White/Caucasian Multi-Racial Specify - _____ **Marital Status:** Married Sep Divorced Single

Age: _____ Birth date: ____/____/____ Place of Birth: City _____ State _____

Education: Some High School High School diploma GED Some College College Degree: specify _____

Special Needs: Mental Illness Alcohol Abuse Drug Abuse HIV/AIDS Developmental Disabilities
 Physical Disabilities Domestic Violence Other: _____

Are you homeless? _____ If yes: How long? _____ Where did you sleep last night? _____ How many times in the past 3 years have you been homeless? _____ If 4 or more, how many months total in past 3 years? _____

Week Prior Living Situation: Non-housing (street, car, park) Emergency Shelter (motel voucher) Domestic Violence Shelter Transitional Housing for homeless Substance Abuse Treatment facility Hospital – Psychiatric Hospital – Non- psychiatric Jail/Prison/Juvenile Detention Living with Friends Living with Relatives Rental Housing Home that you owned Foster Care Other-specify: _____

How long did you stay in the place listed above? _____

If you are currently renting answer the following questions:

Landlord Name: _____ Telephone Number: _____

Current Monthly Rent Amount: _____ If you are behind in rent list amount: _____

Number of Bedrooms: _____ Are your utilities included? _____

List any utilities that you pay: _____

Have you been evicted? _____ Is there an eviction pending? _____, Date: _____

Household Composition: How many people will be living with you: Number of adults (include self) : _____

Number of minor children: _____ Number of pets living with you? _____ List pets: _____

If you are single, are you willing to share a home (have a housemate)? _____

Income: What is your gross monthly income? \$ _____ Do you have health Insurance? If yes specify: _____

Check all resources that apply: No financial resources SSI - Supplemental Security Income
 Social Security Disability Insurance Social Security VA benefits Veteran's Healthcare
 General Public Assistance TANF SCHIP Employment/Wages Unemployment benefits
 Medicaid Food Stamps: \$_____/month Other -specify: _____

Are you currently receiving services from Ravenwood Mental Health Center? _____ If yes, who do you see: _____

Have you applied for Section 8? _____ If yes, when? _____

Have you applied for Public Housing? _____ If yes, when? _____

Do you currently receive Section 8, or public housing? _____ If yes, which? _____

Have you ever been convicted of a felony? _____ Charges: _____ When? _____

Explain: _____

Ravenwood Mental Health Center
Housing Services Application

OTHER HOUSEHOLD MEMBERS: Complete for each household member that is living with you:

Full Name: _____ SS# _____ - _____ - _____
 Adult Child Age: _____ Male Female
Age: _____ Birth date: ____/____/____ Place of Birth: City _____ State _____

Full Name: _____ SS# _____ - _____ - _____
 Adult Child Age: _____ Male Female
Age: _____ Birth date: ____/____/____ Place of Birth: City _____ State _____

Full Name: _____ SS# _____ - _____ - _____
 Adult Child Age: _____ Male Female
Age: _____ Birth date: ____/____/____ Place of Birth: City _____ State _____

Full Name: _____ SS# _____ - _____ - _____
 Adult Child Age: _____ Male Female
Age: _____ Birth date: ____/____/____ Place of Birth: City _____ State _____

List two people that may be contacted as references for the Housing Program:

Name: _____ Name: _____
Address: _____ Address: _____

Telephone: _____ Telephone: _____

Attention : Application are held for one year. Re-application is necessary after that period.

Please read the statements below and sign:

I certify the information given by me is true and accurate to the best of my knowledge.

I understand that there will be information exchanged below between Ravenwood Mental Health Center and the apartment management, or landlord regarding my housing needs and it is done with my approval.

I understand that the references listed by me may be contacted by Ravenwood Mental Health Center.

I am willing to apply for entitlements for which I may qualify (Section 8, SSI, SSDI, Medicaid, or emergency assistance funds, etc.).

I understand that as a housing applicant, the information I have provided on this application may be entered into HMIS (Homeless Management Information System) for the purpose of recording my housing needs and placement, or non-placement in the Ravenwood Mental Health Center Housing Services programs.

Applicant Signature Date

Spouse Date

Witness, or Staff Date

For Office Use: Application Accepted: Yes No, reason: _____

Final Disposition: SPC PSH Community Residence Other: _____