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**HOUSING FIRST XD PROGRAM APPLICATION**

**NOTE**: Please do not hesitate to ask for assistance from any staff, counselor, or advocate if you need help in completing the attached application or wish to fill it out in a language other than English.

We are delighted you are interested in applying for the Lassen Family Services Housing Program.

Our mission

Lassen Family Services is

committed to ending abuse in our community through **P**revention,

**H**ealing, **A**dvocacy, **S**afety and

**E**ducation, compassionate

intervention, and effective

partnerships with local community

and social service agencies that

will support the participants journey to success.

The attached application describes the eligibility criteria for the Lassen Family Services Housing Program along with basic program information. The purpose of this application is to determine your eligibility and whether this program can offer you the support and assistance you desire. The questions are included solely as a way of establishing whether this program is a good fit for your needs and situation. You have the right not to answer any question you believe is unnecessary in determining eligibility.

Please complete this application and return it to the Housing Program Advocate. Once received, it will be reviewed for eligibility and you will be contacted within three (3) business days. If you qualify, the Housing Program Advocate will set up a time to meet and discuss the next steps. Please rest assured that the meeting will take place in a safe environment providing privacy.

**Contact:** Anita Zertuche,Program Manager

(530) 310- 4412

**Eligibility Criteria**

Determination of acceptance into the Lassen Family Services Housing Program will be made on a case by case basis based on the following minimum criteria and guidelines.

Applicant must be:

* A survivor of domestic violence;
* Eighteen years old or (legally) emancipated minor;
* In need of housing due to domestic violence;
* Willing and desiring to participate in the Housing Program and meet with staff regularly on a mutually-determined schedule for case plans and budgeting;
* Willing to create an individualized safety plan, with the assistance of staff; and
* Able to safely live independently.

**Housing Program Information**

The Housing Program can provide:

* Financial assistance for rent, security deposits, utilities and other housing-related costs, for up to 3 months (subject to funding).
* Advocacy and emotional support, including counseling and case management.
* Assistance in securing permanent housing.
* Safety planning and safety devices for your home.
* Vocational and employment assistance.
* Assistance with transportation, child care and household furnishings.
* Referrals to community resources and services.
* Follow-up services, for a minimum of 3 months, upon exiting the housing program.

**Application**

Today's date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact (this will be the way that you are contacted to be informed of your application status): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We may contact you by phone, is it safe to leave a message? ❑ Yes ❑ No

If no, when would be the best day and time to call? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special instructions for sending messages, via phone or e-mail (i.e. certain words not to use; certain times of day not to leave messages)?

Where did you hear about the Lassen Family Services, Inc. Housing Program?

**Background**

Are you over 18 years of age or a legally emancipated minor? ❑ Yes ❑ No

Identified gender (how you identify):

What is your preferred language? \_\_\_\_\_\_

Are you able to understand (verbal and/or written) English? ❑ Yes ❑ No

Please list all other people who would reside with you in the household. Please include all relevant dependents, including those of which you may not currently have custody. Provide gender, age, and any specific needs or accommodations for each individual: (Please note: the funding for this Housing Program requires we provide housing assistance only to survivors of domestic violence)

As long as assistance is being provided from the housing program, only the people that you note on this application can reside with you. If another individual takes residence with you, all services through the housing program will end.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and agree to these terms and will have the following people reside with me:

Provide: Name, Gender, Age, Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have a companion or service animal(s)? ❑ Yes ❑ No

Do you have other animals that you are concerned about that might need temporary housing? ❑ Yes ❑ No

If yes, please describe the species and any other relevant characteristics of each animal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there any accommodations we can assist you with or provide, to ensure your ability to participate in this program? For example, wheelchair accessibility, TTY, large print or Braille, service animals, etc. You are welcome to skip this question or include only information you believe is relevant to your participation in the Housing Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Current Living Situation**

If you currently have a home, please tell us your monthly rent/mortgage cost:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month

Approximately how much do you currently pay for utilities (gas, electricity, water, trash etc.)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month

Are you currently homeless as a result of fleeing an abusive person? ❑ Yes ❑ No

Are you willing to relocate to another community? ❑ Yes ❑ No

Is there support for you in this community if you choose to relocate? ❑ Yes ❑ No

If yes, are there any areas you absolutely cannot or will not live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety**

Please let us know if you would like us to assist you with creating a safety plan while your application is being reviewed. Answering the following question will not influence or jeopardize your eligibility. This is simply to learn more about how we can help you.

Is there anything else you would like to share with us about your immediate safety concerns?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Support & Services?**

Please describe the types of assistance and support you would like to get from the Housing Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income (This information must be verified before acceptance to the program)**

Are you currently employed and working? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, where do you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, approximately how much money do you make per week before taxes?

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any additional sources of income such as government issued cash aid, alimony, child support, etc.? If so, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other**

Please include any other information you feel would be helpful when considering your application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any questions or concerns you have about the Housing Program, which we can discuss when we meet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Resources**

If you are not accepted into the Housing Program, we can still provide information and referrals to a variety of community resources and services. Please describe any services or support you would like to receive information about (For example, employment assistance programs, public assistance, WIC, mental health, food pantry, youth activities, utility assistance, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please note that this is an application and does not constitute acceptance into the Housing Program. If you are eligible, a follow-up meeting will be scheduled, and additional information may be requested. Thank you!

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Office Use Only**

Accepted into Housing Program? ❑ Yes ❑ No

If yes, date applicant was notified:

Date accepted/ move-in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was applicant placed on waiting list? ❑ Yes ❑ No If yes, date:

If no, reason?

If not accepted, date applicant was notified:   
Reason for denial:

Was applicant provided information about the appeal process? ❑ Yes ❑ No

Other referrals/assistance given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Advocate Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_