File Accepted By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FOR OFFICE USE ONLY** Adult 1 HMIS ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Data Entered into HMIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult 2 HMIS ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Welcome to Housing Help of Lenawee**

How can we help you today? **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you been to Housing Help before? □ Yes □ No If yes, when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult 1 – Head of Household**

First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name you go by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_
 *mm/dd/yyyy*

Gender: □ Woman □ Man □ Culturally Specific Identity □ Transgender □ Non-binary □ Questioning
□ Different Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Prefers Not to Answer □ Client Doesn’t Know □ Data Not Collected

 Other Last Names Used (maiden, married, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race & Ethnicity (Check all that apply)

□ American Indian/Alaska Native/Indigenous □ Native Hawaiian/Pacific Islander

□ Asian/Asian-American □ White

□ Black/African American/African □ Client Doesn’t Know

 □ Hispanic/Latina/e/o □ Client Prefers Not to Answer

 □ Middle Eastern/North African □ Data Not Collected

Household Type

□ Couple with No Children □ Single Parent

 □ Single Adult □ Two Parent Family □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Street Address City State Zip*

Alternate Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it ok to call the above numbers and leave messages? □ Yes □ No Detailed messages □ Yes □ No

**Adult 2**

First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name you go by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

 *mm/dd/yyyy*

Gender: □ Woman □ Man □ Culturally Specific Identity □ Transgender □ Non-binary □ Questioning
□ Different identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Prefers Not to Answer □ Client Doesn’t Know □ Data not collected

Other Last Names Used (maiden, married, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Head of Household:

 □ Child □ Spouse or Partner □ Other Relation □ Other Non-relation

Race & Ethnicity (Check all that apply)

□ American Indian/Alaska Native/Indigenous □ Native Hawaiian/Pacific Islander

□ Asian/Asian-American □ White

□ Black/African American/African □ Client Doesn’t Know

 □ Hispanic/Latina/e/o □ Client Prefers Not to Answer

 □ Middle Eastern/North African □ Data Not Collected

**DISABILITY**

**ADULT 1** – Do you have a diagnosed disability? □ Yes □ No When did it start? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

  *mm/dd/yyyy*

Disability type

□ Alcohol Use Disorder □ Developmental

 □ Drug Use Disorder □ Chronic Health Condition

□ Both Drug and Alcohol Use Disorder □ Mental/Emotional Health Disorder

□ HIV/AIDS □ Physical

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Client Prefers Not to Answer

Disability of long duration? □ Yes □ No □ Don’t Know Are you receiving treatment? □ Yes □ No

Have you filed for SSI/SSDI? □ Yes □ No When? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

 *mm/dd/yyyy*

Are you pregnant? □ Yes □ No If yes, when are you due? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

 *mm/dd/yyyy*

**ADULT 2 –** Diagnosed disability? □ Yes □ No When did it start? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

 *mm/dd/yyyy*

Disability type

□ Alcohol Use Disorder □ Developmental

 □ Drug Abuse Disorder □ Chronic Health Condition

□ Both Drug and Alcohol Abuse Disorder □ Mental/Emotional Health Disorder

□ HIV/AIDS □ Physical

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Client Prefers Not to Answer

Disability of long duration? □ Yes □ No □ Don’t Know Are you receiving treatment? □ Yes □ No

Have you filed for SSI/SSDI? □ Yes □ No When? \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

 *mm/dd/yyyy*

Is your spouse/partner/roommate pregnant? □ Yes □ No If yes, due date \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

  *mm/dd/yyyy*

 **EMERGENCY CONTACTS**

**Primary Contact:**

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Do we have your permission to call this person if needed? □ Yes □ No

**Secondary Contact:**

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Do we have your permission to call this person if needed? □ Yes □ No

**HOUSING INFORMATION**

Zip Code of Last Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Homelessness Started: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Client is Currently:**

□ In Emergency Shelter/Hotel Paid for by Other Agency

□ Hotel Paid for by Self/Friend/Family/Other Relation

□ In own rental □ With Subsidy

 **Type of Subsidy**: □ Section 8 **Tenant** Based Voucher □ Section 8 **Property** Based Voucher

□ On the Streets/Place not Meant for Human Habitation

□ In a Safe Haven

□ In an Institutional Care Facility (Where they have been for fewer than 90 days)

□ Staying with friends or family, but cannot stay there

□ Being trafficked

□ Leaving/left home due to domestic violence or unsafe living arrangements

**DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE**

**ADULT 1** – Domestic Violence Survivor? □ Yes □ No □ Client Doesn’t Know □ Client Prefers Not to Answer

If yes, when did the experience occur?

□ Within the past 3 months □ One year or longer

 □ 3 – 6 months ago (excluding 6 months exactly) □ Client doesn’t know

 □ 6 months to 1 year ago (excluding 1 year exactly) □ Client Prefers Not to Answer

Are you currently fleeing a domestic violence situation? □ Yes □ No □ Client Doesn’t Know □ Client Prefers Not to Answer

**ADULT 2** – Domestic Violence Survivor? □ Yes □ No □ Client Doesn’t Know □ Client Prefers Not to Answer

If yes, when did the experience occur?

□ Within the past 3 months □ One year or longer

 □ 3 – 6 months ago (excluding 6 months exactly) □ Client doesn’t know

 □ 6 months to 1 year ago (excluding 1 year exactly) □ Client Prefers Not to Answer

Are you currently fleeing a domestic violence situation? □ Yes □ No □ Client Doesn’t Know □ Client Prefers Not to Answer

**EMPLOYMENT INFORMATION**

**Adult 1** – Are you employed? □ Yes □ No

If yes, Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status □ Full time □ Part time □ Seasonal work

Hours of work per week (usual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Wage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Housing Help have permission to contact your employer if information is needed? □ Yes □ No

 **Adult 2** –Are you employed? □ Yes □ No

If yes, Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status □ Full time □ Part time □ Seasonal work

Hours of work per week (usual) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Wage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Housing Help have permission to contact your employer if information is needed? □ Yes □ No

**INCOME/ASSISTANCE INFORMATION**

***Please list ALL cash sources and monthly amount***

Source #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source #3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Monthly Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Please Check All Sources of Cash Income:***

□ Alimony or other Spousal Support □ Child Support

□ Earned Income □ Pension/Retirement from Former Job □ Retirement from Social Security □ Self Employment Wages

□ Social Security Income (SSI) □ Social Security Disability Income (SSDI)

□ Unemployment Compensation □ Workers Compensation

□ VA Service-Connected Disability Compensation □ VA Non-Service-Connected Disability Compensation

□ TANF – Cash Assistance □ No Income Sources

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Check All Non-Cash Benefits:***

 □ Supplemental Nutrition Assistance Program (SNAP/Food Stamps)

□ TANF – Childcare Assistance □ WIC

□ No Non-Cash Benefits □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Check All Health Insurance Sources:***

□ Medicaid □ Medicare

□ State Children’s Health Insurance Program □ State Health Insurance for Adults

□ Employer Provided Health Insurance □ Private Pay Health Insurance

|  |
| --- |
| □ Health Insurance Obtained Through COBRA □ Indian Health Services Program□ Veterans Health Administration □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

Are you receiving assistance from the Department of Human Services? □ Yes □ No

If yes, please provide case worker’s name/phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MILITARY INFORMATION**

**ADULT 1** – Have you ever served in the US Military? □ Yes □ No Military Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, discharge type: □ Honorable □ General □ Medical □ Bad Conduct □ Dishonorable

Military Service-Related Disability? □ Yes □ No Receiving Veteran’s Services? □ Yes □ No

If Yes, List Veteran’s Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Service: start date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ end date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

  *mm/dd/yyyy mm/dd/yyyy*

**ADULT 2** – Have you ever served in the US Military? □ Yes □ No Military Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, discharge type: □ Honorable □ General □ Medical □ Bad Conduct □ Dishonorable

Military Service-Related Disability? □ Yes □ No Receiving Veteran’s Services? □ Yes □ No

If Yes, List Veteran’s Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Service: start date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ end date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

  *mm/dd/yyyy mm/dd/yyyy*

**INFORMATION FOR CHILDREN UNDER 18 RESIDING IN THE HOUSEHOLD**

Please complete the following for each minor child – additional minor children may be listed on back of application:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Child #1** | **Child #2** | **Child #3** | **Child #4** | **Child #5** |
| **First Name****Last Name** |  |  |  |  |  |
| **Relationship to head of household** |  Child Sibling Grandchild Other Relative Other Non-Relation |  Child Sibling Grandchild Other Relative Other Non-Relation |  Child Sibling Grandchild Other Relative Other Non-Relation |  Child Sibling Grandchild Other Relative Other Non-Relation |  Child Sibling Grandchild Other Relative Other Non-Relation |
| **DOB***(mm/dd/yyyy)* |  |  |  |  |  |
| **Gender** |  Girl Boy Transgender Questioning Culturally Specific Identity Non-binary Different Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Girl Boy Transgender Questioning Culturally Specific Identity Non-binary Different Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Girl Boy Transgender Questioning Culturally Specific Identity Non-binary Different Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Girl Boy Transgender Questioning Culturally Specific Identity Non-binary Different Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Girl Boy Transgender Questioning Culturally Specific Identity Non-binary Different Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SSN** |  |  |  |  |  |
| **Diagnosed Disability, please list** |  |  |  |  |  |
| **Date Disability Started***(mm/dd/yyyy)* |  |  |  |  |  |
| **If Attending School, please list school** |  |  |  |  |  |
| **Race/Ethnicity** |  |  |  |  |  |

\* ***For Race and Ethnicity,*** please use the following: American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Asian/Asian American, Black/African American/African, Middle Eastern/Northern African, White, Hispanic/Latina/e/o

**RENT/MORTGAGE INFORMATION**

**Rent**

Are you here for assistance with: First month’s rent? □ Yes □ No Past due rent? □ Yes □ No

Monthly rent payment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total past due amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Company Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there an actual or pending eviction? □ Yes □ No If yes, date of eviction \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

 *mm/dd/yyyy*

**Mortgage**

Are you here for assistance with a mortgage payment? □ Yes □ No

Monthly mortgage payment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total past due amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage Company Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there an actual or pending foreclosure? □ Yes □ No If yes, date of foreclosure \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

 *mm/dd/yyyy*

Do you owe any back property taxes? □ Yes □ No

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

By signing below, you agree that the information provided is truthful and accurate to the best of your abilities and will allow a Housing Help of Lenawee/LEAHC Case Manager to review your information and possibly collect additional data and documentation for eligibility purposes. As a HUD funded agency, we are required to input some of this data into a statewide system collecting data called the Michigan State Homeless Management Information System (MSHMIS). ***Maintaining your privacy is very important to us***. We believe that the information gathered about you is personal and private, and it will not be shared with other people without a written agreement. However, if you feel uncomfortable with sharing your information within this system, you will not be denied services for which you are otherwise eligible. At the present time, Housing Help, will enter your “Profile Information” (name, age, SSN) on the MSHMIS as open, meaning other agencies can see this information if you are receiving services from them. (Only the last 4 digits of SSN will show.) All other information outside of the profile information will not be accessed by other agencies without prior written consent.

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

**Adult 1 Signature Date**

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

**Adult 2 Signature Date**

*Housing Help of Lenawee/LEAHC collects personal information directly from you for reasons that may be required by law or by organizations that give us funds to operate our homeless prevention programs. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practice is posted in our lobby area and is available to all consumers upon request.*

*We are funded by the US Department of Housing and Urban Development, Michigan State Housing Development Authority, The Salvation Army, local Foundations, and many caring churches, businesses and individuals of Lenawee County.*

**CLIENT DO NOT COMPLETE UNTIL REQUESTED**

For Housing First Clients - You will be provided an “Intake Appointment Letter” at your intake appointment. This letter states what information is required for Housing Help of Lenawee to determine if you are eligible for rental or mortgage assistance.

By initialing here \_\_\_\_\_\_\_ you acknowledge having received this letter.

****RELEASE OF INFORMATION**

*307 E. Church Street, Adrian, MI 49221*

**CLIENT INFORMATION**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST**

Please provide the following information on the above-named client(s):

|  |  |
| --- | --- |
| **Organization/Business** | **Initial for Release** |
| Landlord:Name: Phone Number: |  |
| Employer:Name: Phone Number: |  |
| Catherine Cobb Domestic Safe House  |  |
| Community Action Agency |  |
| Department of Health & Human Services |  |
| Child Protective Services – Worker Name: Phone Number:  |  |
| Lenawee County District Court - Probation Officer: Phone Number: |  |
| Lenawee County Circuit Court - Probation Officer: Phone Number: |  |
| Lenawee County Mental Health Authority |  |
| Michigan Rehabilitation Services |  |
| Housing Choices, LLC |  |
| Salvation Army |  |
| Share the Warmth |  |
| Social Security Administration |  |
| South Central Michigan Works! |  |
| Utility Company – Write in |  |
| Veterans Administration |  |
| Other - Write in |  |
| Other - Write in |  |

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Case Manager Signature Date

*Client Consent: The undersigned authorizes Housing Help of Lenawee (H2L) staff to contact any agencies, offices, groups, organizations, or employers on this release of information to obtain information that is pertinent to eligibility, level of benefits, or continued participation in H2L programs. Please furnish the above mentioned Case Manager with any information they request including but not limited to: current and prior housing, landlord’s name(s), monthly income, substance abuse and/or mental health information. This authorization, and the information obtained with it, may be used to administer and enforce program rules and policies. Client agrees to release H2L and its staff from all personal, professional, and legal liability for any perceived harm or consequences either during the process or following the outcome of the evaluation of the application for assistance.*

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

Client Signature(s) Date

This Release of Information is valid for one year from the date of signature, ending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_