



## MASTER LEASING REFERRAL FORM

Name of Person being referred: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Agency Representative's Name: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

How long has the Referring Agency been involved with the client? \_\_\_\_\_

Are you willing to continue case management services for the above individual and family?  Yes  No

### Personal Information

#### **Adult #1:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Employment:

Are you currently employed?  YES  NO

If yes: Employer's Name: \_\_\_\_\_

Veteran:  YES  NO

Marital Status:  Single  Married  Separated  Divorced  Widowed

#### **Adult #2:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Employment:

Are you currently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes: Employer's Name: \_\_\_\_\_

Veteran: \_\_\_\_\_ YES \_\_\_\_\_ NO

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Have you been a resident of Lycoming County for at least 6 months? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list financial dependents:

| <u>NAME</u> | <u>DOB</u> | <u>AGE</u> | <u>MALE/FEMALE</u> |
|-------------|------------|------------|--------------------|
|             |            |            |                    |
|             |            |            |                    |
|             |            |            |                    |
|             |            |            |                    |
|             |            |            |                    |

**Family Information**

1. Has your family had any history of assault or domestic violence? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If so, please explain when the incident occurred, what family members were involved, and the outcome.

2. Do you have a history of substance abuse? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If so, please explain drug of choice, duration of use, treatment received, and what family member was involved.

3. Have you had any history of mental illness? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If so, please explain treatment received and what family member was involved.

4. Have you or any other member of your family been convicted of a crime? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If so, please explain the charges, what family member was involved, and the outcome.

5. Are you or any other member of your family on state or county supervision? \_\_\_\_\_ YES  
\_\_\_\_\_NO

**Current Housing Status:**

Briefly explain your current housing situation; where you are living and why you need housing?

**Case Management Needs:**

Please list all agencies you or any of the intended household members are currently working with or receiving service from.

1. Agency name: \_\_\_\_\_ Name of person receiving service: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
2. Agency name: \_\_\_\_\_ Name of person receiving service: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
3. Agency name: \_\_\_\_\_ Name of person receiving service: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
4. Agency name: \_\_\_\_\_ Name of person receiving service: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Areas of Need:**

\_\_\_\_\_ Housing      \_\_\_\_\_ Transportation      \_\_\_\_\_ Marital/Family/Individual Counseling  
\_\_\_\_\_ Parenting      \_\_\_\_\_ Home Maintenance      \_\_\_\_\_ Child Development  
\_\_\_\_\_ Medical Insurance      \_\_\_\_\_ Drug/Alcohol Counseling      \_\_\_\_\_ Budgeting  
\_\_\_\_\_ Health/Nutrition      \_\_\_\_\_ Education      \_\_\_\_\_ Employment

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**Finances:**

1. Do you feel as though; you manage your money wisely? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Do you currently have a checking or savings account? \_\_\_\_\_ YES \_\_\_\_\_ NO

Income of all Household Members- please list gross income (before taxes):

| Category   | Last Month | Typical Month | Last Year |
|--|------------|---------------|-----------|
| Employment (wages)   |            |               |           |
| Self-employment<br>(selling things you<br>make, doing laundry,<br>sewing, childcare, etc.)                       |            |               |           |
| Government Assistance<br>(TANF, Food Stamps,<br>SSI, Social Security,<br>Unemployment, or<br>Veteran's Benefits) |            |               |           |
| Pensions or retirement<br>income   |            |               |           |
| Child support/Alimony<br>payments  |            |               |           |
| Friends or Family  |            |               |           |
| Investment income  |            |               |           |
| Other (please specify)   |            |               |           |

**Outstanding Debt:**

List below the outstanding debts you currently have? List to whom you owe money and amount owed?

- Past Landlord \_\_\_\_\_
- Utilities \_\_\_\_\_
- Housing Agency \_\_\_\_\_
- Medical \_\_\_\_\_
- Fines \_\_\_\_\_
- Other \_\_\_\_\_

YOUR SIGNATURE BELOW REPRESENTS AGREEMENT TO THE FOLLOWING:

*Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to a Department or agency of the United States as to any matter within its jurisdiction.*

I certify that the information I have provided is complete and true to the best of my knowledge. I understand that omission of pertinent information and willful or serious misrepresentation in the application procedure can result in my ineligibility for participation in TLC's Master Leasing Program.

I understand that in signing this application, I authorize TLC, to obtain verification of the above information for the processing and approval of my eligibility for TLC's Master Leasing Program.

I have listed above total income received by every member of my household.

I have read the application packet and understand the materials provided explaining the eligibility criteria and objectives of the applicable programs.

Application and Release of Information Signature:

The information provided in this application packet is complete and accurate to the best of my ability. I authorize TLC to exchange with other agencies, any information that is pertinent to the delivery of services requested.

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

Co- Application: (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Referral Partner: \_\_\_\_\_ Date: \_\_\_\_\_