



KINSHIP RENTAL ASSISTANCE APPLICATION

COMMUNITY BASED CARE AGENCY			
Agency Name*			
Agency Address*	Suite, ect.	City*	
	Country*	State*	Zip Code*
Agency Phone Number*			
Caseworker Name*			
Caseworker Email*			
Caseworker Phone*			

CAREGIVING		
Date(s) Siblings Came into Care *	Number of Siblings in Care *	
Are all the siblings from one biological group: all having a shared parent in common? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
Has your financial situation changed since caregiving? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		
What type of caregiver are you?	<input type="checkbox"/> Relative Caregiver <input type="checkbox"/> Non-Relative Caregiver	

HOUSING	
Current Monthly Rent: *	\$
Current Number of Bedrooms: *	
Current Number of Children Per Bedroom: *	
Describe current living situation: *	
Are you currently up to date with your rent payments? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No	



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If no, please explain:	
Are you more than two months behind on rent payments? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or have you ever had a lease for this property? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your lease month to month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When does or when did your lease expire [mm/dd/yyyy]:	
Are you able to break your lease without penalty?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLING NEEDING ROOM	
Child Name*	
Date of Birth* [MM/DD/YYYY]	
Sex*	<input type="checkbox"/> Male <input type="checkbox"/> Female
Does child have special needs? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Can child share a room with another child? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
Ethnicity*	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer
Race(s) Check those that apply*	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer

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PARENT #1 PROFILE (Fields marked with * are required and must be completed)			
Parent First Name*	Parent Middle Name*	Parent Last Name*	Suffix
Date of Birth* [MM/DD/YYYY]			
Ethnicity*	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer		
Race(s) Check those that apply*	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer		
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status*	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Are you currently active duty (serving full-time) in the US Military? *			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of the National Guard or Military Reserve Unit? *			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving Rental Assistance from another organization or the government? *			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability benefits? *			<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Residence Address*	Apt, Suite, ect.		City*
	Country*	State*	Zip Code*
Mailing Address if different	Apt, Suite, ect.		City
	Country	State	Zip Code
Primary Phone Number*			
Secondary Contact Number			
Email Address*			
Preferred Method of Contact*	<input type="checkbox"/> Primary phone number <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address		
EMPLOYMENT INFORMATION (Fields marked with * are required and must be completed)			
Employer Name * (If you are self-employed, write "self-employed" here)			Employer Phone Number*
Employer Address	City	State	Zip Code
How often do you get paid? *	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly		
Rate of Pay (How much do you make per hour?) *	\$		
Annual Income *	\$		
Number of hours per week worked *			
Seasonal Employee? *	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a school board employee that works less than 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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PARENT #2 PROFILE (Fields marked with * are required and must be completed)			
Parent First Name*	Parent Middle Name*	Parent Last Name*	Suffix
Date of Birth* [MM/DD/YYYY]			
Ethnicity*	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer		
Race(s) Check those that apply*	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> US Indian / Alaskan <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer		
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status*	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Are you currently active duty (serving full-time) in the US Military? *		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a member of the National Guard or Military Reserve Unit? *		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving Rental Assistance from another organization or the government? *		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability benefits? *		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Residence Address*	Apt, Suite, ect.		City*
	Country*	State*	Zip Code*
Mailing Address if different	Apt, Suite, ect.		City
	Country	State	Zip Code
Primary Phone Number*			
Secondary Contact Number			
Email Address*			
Preferred Method of Contact*	<input type="checkbox"/> Primary phone number <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address		
EMPLOYMENT INFORMATION (Fields marked with * are required and must be completed)			
Employer Name * (If you are self-employed, write "self-employed" here)		Employer Phone Number*	
Employer Address	City	State	Zip Code
How often do you get paid? *	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly		
Rate of Pay (How much do you make per hour?) *	\$		
Annual Income *	\$		
Number of hours per week worked: *			
Seasonal Employee? *	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a school board employee that works less than 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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FAMILY (Fields marked with * are required and must be completed)	
Yearly household income: *	\$
Total number of all people in the home: *	
Total number of all children in the home: *	
Number of adopted children in the home: *	
Number of foster children (not adopted) in the home: *	
Number of adults in the home: *	
What is the primary language spoken in the home? * <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Native Central, South American and Mexican languages (e.g., Mixteco, Quichean) <input type="checkbox"/> Caribbean Languages (e.g., Haitian-Creole, Patois) <input type="checkbox"/> Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali) <input type="checkbox"/> East Asian Languages (e.g., Chinese, Vietnamese, Tagalog) <input type="checkbox"/> Native North American/Alaska Native Languages <input type="checkbox"/> Pacific Island Languages (e.g., Palauan, Fijian) <input type="checkbox"/> European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian) <input type="checkbox"/> African Languages (e.g., Swahili, Wolof) <input type="checkbox"/> Other (e.g., American Sign Language) <input type="checkbox"/> Unspecified (Unknown or head of household declined to identify home language)	

ACKNOWLEDGEMENT	
By signing this form, I certify that: * <ul style="list-style-type: none"> I/We have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. I/We give consent to the Keeping Kids Together, Inc. and/or their affiliates to request all information relating to my eligibility and to make inquiry into all statements of information given. I/We understand information on this form may be shared with other state and local agencies for the purposes of program administration and fraud prevention. I/We understand that if I give false information, sign inaccurate attendance documents or fail to report changes in my circumstances that would affect my eligibility for services or the level of my services; my case may be referred to law enforcement for investigation and possible prosecution. 	
Parent #1 Signature*	Parent #2 Signature
Date Signed*	Date Signed