



1800 N. Charles Street, Ste. 700
Baltimore, MD, 21201
o: 410.576.5070
f: 410.576.5074
www.airseffect.org

APPLICATION FOR SERVICES

Please select a housing program:

- Restoration Gardens I
- Restoration Gardens II
- Geraldine Young Life Center
- Youth Space

PERSONAL INFORMATION

Name: _____ Today's Date: _____

Address: _____ Zip Code: _____

Telephone: _____ Personal Cell Land Line Other

Email: _____ (required)

Phone(s) where we may leave a message: _____ Name: _____

DOB: _____ Age: _____ Sex: _____ Social Security Number: _____

Children? YES NO expecting a child If yes, do your children live with you? YES NO

If you are expecting a child, will your child live with you? YES NO Unsure

MAILING ADDRESS (Complete only if different than above: can be a P.O.Box, family, friend, or service provider.)

Full Name		Relationship (example: friend, parent, brother, case manager)
Address		
City	State	Zip Code



FAMILY/ HOUSEHOLD INFORMATION

First, list the applicant, or the head of household. If there is a spouse or co-applicant, list second. Next, list all children that live with you in order of age (oldest to youngest). If you expect others to live with you, please explain (e.g. live-in aide, pregnancy, custody change).

Please use the Race and Ethnicity Chart below and choose a corresponding letter for each member of the household. Put that letter in the column marked Race/ Ethnicity in the table below.

First and Last Name	Relationship to Applicant	DOB	Sex (M/F)	Social Security #	Race/ Ethnicity (See chart below.)
Applicant					
Spouse or Co-Applicant (Youth Space Only)					
Child 1					
Child 2					
Child 3					

Race and Ethnicity Chart (This information is requested for statistical purposes only.)	
A. White Hispanic	F. American Indian/ Alaskan/ Hispanic
B. White Non-Hispanic	G. American Indian/ Alaskan/ Non-Hispanic
C. Black Hispanic	H. Asian or Pacific Islander Hispanic
D. Black Non-Hispanic	I. Asian or Pacific Islander Non-Hispanic
E. Bi-Racial/ Mixed	J. Other

HOUSEHOLD INCOME

Do you a/or your Spouse or Co-Applicant have a source of income? Yes No

Do you receive food stamps? Yes No

Please list all your income from employment and government sources.

Type of Income Please include TCA, TANF, T-DAP, SSI, SSDI, Work/ Study, Child Support, Stipends, Employment.	Estimated Amount Received Per Month	Beginning Date of Income
Applicant		
Co-Applicant (Youth Space Only)		



EMERGENCY CONTACT INFORMATION

(Please share the name and contact information for your designated emergency contact. This is required.)

Full Name		Relationship <i>(example: friend, parent, brother, case manager)</i>	
Address			
City	State	Zip Code	
Home Telephone	Work or Cell Phone	Email Address	

VERIFICATION OF HOMELESSNESS:

Please complete your housing history beginning with the place you slept last night. Go backwards listing each place you lived in the last 4 years. Use additional space if needed. Your Case Manager, Service Navigator or the Head of the Household that you are currently staying with must verify the information below.

<p>What kind of environment were you living in? <i>(Write the number of the situation in space below; Describe if necessary).</i></p> <ol style="list-style-type: none"> 1. Shelter 2. Voucher Motel/Hotel 3. Battered women’s shelter 4. Car 5. Street/park 6. Abandoned building (i.e., Bando) 7. At relative’s place 8. At friend’s place 9. Transitional housing 10. Own apt. or house 11. Shared house or apt. 12. Foster/Group Home 13. Hospital or Treatment Center 14. With Parent (s) 15. Other (describe) 16. No answer 	<p>When did you stay there? <i>(month/day/year to month/day/year</i> or Put approximate times if dates are not known)</p>	<p>Why did you leave? <i>(Choose the number that best describes the reason you left each environment and list it below; explain if necessary)</i></p> <ol style="list-style-type: none"> 1. Change of job 2. Eviction (describe) 3. Lost job (indicate if fired or laid off) 4. Change in relationship 5. Battering/Abuse 6. Trouble with parents/roommates 7. I was told I needed to leave by a certain date 8. Lost entitlements 9. Too crowded 10. Unable to afford 11. Completed treatment 12. Building converted 13. Building razed or condemned 14. Fire or other disaster 15. Poor living conditions 16. Aged out of foster care 17. Other (Describe) 18. No Answer
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ENVIRONMENT #	COMMENTS	DATES OF STAY	REASON #	COMMENTS
# _____		FROM: TO:	# _____	
# _____		FROM: TO:	# _____	
# _____		FROM: TO:	# _____	
# _____		FROM: TO:	# _____	
# _____		FROM: TO:	# _____	
# _____		FROM: TO:	# _____	
# _____		FROM: TO:	# _____	
# _____		FROM: TO:	# _____	

JOB/ TRAINING INFORMATION

Check all that apply:

- I am currently employed. My employer is _____.
- I am currently self-employed. My business is _____.
- I am enrolled in a verifiable job training program. The program is _____.
- I am an honorably discharged Veteran.

CRIMINAL HISTORY

- Have you ever been convicted of a violent or drug related crime? Yes No
- Have you ever been required to register as a sex offender? Yes No
- Are you currently on parole, probation or home monitoring? Yes No

REASONABLE ACCOMMODATION

Do you require a reasonable accommodation? Yes No

1. Do you or your Co-Applicant have a disability? *(For Youth Space Applicants Only)* Yes No
2. Do you or any member of your household need an accessible unit because of disability, mobility impairment, or do you need a special feature due to a disability? Yes No



If you answered "yes" to any of the above questions, please identify what type of accommodations you need.

- Assistance with the application process.
- Help with understanding or using AIRS Services/ Housing due to your disability.
- A unit for persons with vision impairments, (blind, limited vision)
- A unit for persons who are deaf or hard of hearing.
- An extra bedroom for a live-in aide or attendant.
- A unit all on one level, without steps, including entryway and exit
- A ramp to gain entry/ exit the unit.
- A bedroom and a bathroom on the first floor.
- Modifications to the bathroom /kitchen.
- A unit accessible to a person using a wheelchair.
- Accessible parking space.
- Other: _____

The following is for statistical or planning purposes only. It will not affect your housing decision.

1. Do you have active medical insurance? Yes No
Type: _____
2. Highest Level of Education Completed: _____
3. Employed Unemployed
4. Veteran Status: Yes No
5. How did you learn about City Steps? _____

Thank you for taking the time to complete our housing application. Please be advised that any communication you receive regarding your approval to live in any AIRS | EHM property is provisional until you have signed a lease and receive an apartment key.

STAFF USE ONLY

Homelessness Verification Received? Yes No
Agreement for Services Signed? Yes No
Identification Documents Received? Yes No
Proof of Income Received? Yes No
Eligible for: CH GYFLC RG YS (Circle all those that apply)
Date of Initial Service: _____ Staff Assigned: _____



AFFIRMATION

I hereby affirm that, to the best of my knowledge, the foregoing information is true, accurate and complete. I understand that misleading or false statements, misrepresentations, or incomplete information in this application will be grounds for rejection. I authorize AIRS | City Steps to contact my agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application. I further attest that I have reviewed and understand the policies of City Steps as stated below.

Non Discrimination Statement

The services of City Steps will not be influenced by one’s race, color, religion, sex, national origin, disability, marital status, sexual orientation or any other characteristic protected by law. City Steps will make reasonable accommodations for qualified individuals with known disabilities.

Confidentiality Statement

It is the policy of City Steps to keep confidential all information about its applicants except when the applicant has given written consent to disclose information to identified parties to offer, coordinate and/or receive housing and supportive services by City Steps. As such, City Steps expects all of City Steps’ residents to respect the privacy of other residents of City Steps programs and to keep confidential their identity, their address, and any information that may be acquired.

Appeal Statement--Housing

City Steps informs applicants in writing of his or her right to appeal in their housing determination letter. Applicants who wish to appeal are given the opportunity to do so if he or she believes that the program services have been incorrectly denied. Appeals must be filed within 30 days. Once an appeal is received; the housing slot or position on waiting list will be held until after the appeal procedure has been executed. Appeals are addressed to head of the respective program (i.e., Director, COO). The head of the program will respond in writing within three working days of receipt of appeal. If the appeal can not be resolved by the head of the program, the applicant may request to have their appeal forwarded to the CEO. The CEO or designee will respond in writing to the applicant in two working days, and their decision shall be final.

Applicant Signature

Date

THIRD PARTY HOMELESS VERIFICATION

Restoration Gardens I and Geraldine Young Family Life Center

Eligibility for these programs is contingent on Proof or Verification of Homelessness from someone other than you, (the applicant). If you have been working with a community agency, school or medical service professional that is aware of your housing status, they should be asked to give you a written statement to that effect. Verification of your homelessness from community providers can be submitted through hand-written or typed letters and must be on company letterhead and have an original signature.

Restoration Gardens II

For RGII, priority will be given to applicants who are homeless. Applicants must have their homelessness status verified by a homeless services provider to receive a priority preference.

Youth Space

Youth Space applicants must be chronically homeless and have a qualifying disability. Youth Space applicants must have their homelessness and disability status verified by a homeless service and medical/behavioral health provider. All letters verifying homelessness **must to be signed and dated by the verifying party** and should **briefly describe your current housing situation and state the following:**

“To the best of my knowledge, all information regarding this applicant’s housing situation is correct. Any intentionally untrue statements may render the applicant ineligible for services through City Steps.”

In the alternative, if you are working directly with a Service Provider, they may fill the form out on the next page, and sign. It also needs to be included in the packet.

