

Steps House: Permanent Supportive Living Program Application

The Steps House Permanent Supportive Living Program (PSLP) provides previously incarcerated men living with mental illness and/or substance use disorder with permanently affordable housing in Knoxville, TN. For \$600/month, Residents will be provided with a private room in a group house with shared bathrooms, kitchen, laundry and other common areas. All residents must commit to sobriety and will be required to engage in case management services. The program intends to support residents in reaching their highest level of independence. Please complete the following application and provide the following documents in order to be considered for the PSLP.

Eligibility Requirements:

- ☐ Tennessee Resident
- ☐ Homeless or at-risk of Homelessness
- ☐ Previously Incarcerated
- ☐ Mental Health Diagnosis and/or Substance Use Disorder
- ☐ Annual Income at or below \$28,600

Application CheckList:

- ☐ Complete PSLP Application
- ☐ Copy of Tennessee ID
- ☐ Social Security Card
- ☐ Proof of Previous Incarceration: Court Documents, Letter from Probation Officer, Release Papers, Signed Affidavit
- ☐ Proof of Mental Health and/or Substance Use Disorder: Prescription or Medications; Letter from Physician, Therapist or Case Manager
- ☐ Income Verification (one of the following documents): Income Statement, SSI/SSDI or Department of Veterans Affairs Award Letter, 90 days of paystubs, 3 months of bank statements, if working as a contractor a letter from your employer indicating amount of pay over the past 3 months.

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Date: _____ **Name:** _____

DOB: _____ **Social Security Number:** _____

Gender: _____ Man _____ Woman _____ Transgender _____ Nonbinary _____ Other

Race/Ethnicity (check all that apply):

_____ White/caucasian _____ American Indian/ Alaska Native
_____ Black/African American _____ Asian/Pacific Islander
_____ Latino/Hispanic _____ Other: _____

Current Living Situation:

_____ Emergency Shelter _____ Living in a Place not Meant for Habitation
_____ Hotel/Motel _____ Transitional/Temporary Housing
_____ Renting _____ At risk of Homelessness
_____ Other

Please explain current living situation:

Are you a registered Sex Offender ____ Yes ____ No

Have you ever been in jail or prison? ____ Yes ____ No

Please list all dates and charges:

Are you currently on probation or parole? ____ Yes ____ No

Have you ever been diagnosed with a Mental Health Disorder? ____ Yes ____ No

Please list all Mental Health Diagnosis:

Have you ever been diagnosed with Substance Use Disorder or attended any rehabilitation for substances? ____ Yes ____ No

If yes, please list the name of the program and the dates you attended.

Do you currently use any substances without a prescription (alcohol or drugs)? ____ Yes ____ No

If yes, please list your substance(s) of choice:

Please list date of last use and the substance used:

Are you prescribed medications for your Mental Health and/or Substance Use Disorder?

____ Yes ____ No

If yes, please list all mental health medications:

Are you prepared to live in a Sober Living Community: ____ Yes ____ No

Have you ever lived in a shared living environment (had roommates): ____ Yes ____ No

How do you deal with conflict with others:

How do you cope when you are feeling frustrated or angry:

Permanent Supportive Living Program Attestation

Please place initials next to the following statements, to acknowledge you agree and understand the terms associated with being a tenant of Steps House’s Permanent Supportive Living Program.

____ **Rent is due the day you move in and is prorated for the month, based on the date you move in.**

____ **Rent is to be paid at 712 Boggs Avenue, Knoxville, TN 37920 can be paid by credit or debit card.**

____ **I understand that I will need to participate in an annual renewal process to make sure that my income does not exceed the maximum allowable threshold.**

____ **I understand that ongoing case management is a component of residency and I agree to participate based on individual needs agreed upon by me and the case manager.**

____ **In order to be considered for the program, I must produce a clean urinalysis and commit to sobriety.**

I _____, attest that the information listed in this application is factual. I acknowledge that this is only an application and I am not guaranteed a place in the PSL Program. Acceptance to this program is dependent on eligibility and available space. I further agree, with the above “Attestation” items as indicated by my initials next to each item.

Tenant Signature

Date

Staff Signature

Date