

WCHS SUPPORTIVE HOUSING READY TO RENT APPLICATION

Workshop Date: _____ **Circle location:** **Swinburne** **Salvation Army**
StepUp Ministry **Cornerstone** **Other:** _____

Referred to WCHS Supportive Housing Program by *(please circle one below)*

Walk-in Agency referral: _____ Flyer Friend Online Repeating class

Applicant Information

Last: _____ First: _____ M: _____

DOB: _____ License #: _____ State: _____ SSN#: _____

Phone# () _____ Cell # () _____ Family Contact# () _____

Applicant e-mail address: _____

Co-Applicant: _____ First: _____ M: _____

DOB: _____ License #: _____ State: _____ SSN#: _____

Phone# () _____ Cell# () _____ Family Contact# () _____

Co-applicant e-mail address: _____

Current Address: _____ City: _____ St. ___ Zip: _____

How long at this address: _____ Landlord/agency: _____ Phone: () _____

Reason for moving: _____

Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino

Race: African American White Asian American Indian Native Hawaiian

No. of boys under 18: _____

No. of girls under 18: _____

Name DOB SSN#

Name DOB SSN#

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Income Information

Applicant: Employer _____ Position: _____ Ph# _____

Address: _____ City: _____ St.: _____ Zip: _____

Employed how long: _____ Shift/Hrs.: _____ Full/Part-time: _____ Per Hour: \$ _____

Seeking additional hours? _____ Any other sources of income? child support \$ _____

SSDI \$ _____ type of disability _____ SSI \$ _____ other _____ & amount \$ _____

Gross Mo. Income: \$ _____ Wkly \$ _____ Bi-wkly: \$ _____

Co-applicant: Employer _____ Position: _____ Phone #: (____) _____

Address: _____ City: _____ St.: _____ Zip: _____

Employed how long: _____ Shift/Hrs.: _____ Full/Part-time: _____ Per Hour: \$ _____

Seeking additional hours? _____ Any other sources of income? child support \$ _____

SSDI \$ _____ type of disability _____ SSI \$ _____ other _____ & amount \$ _____

Gross Mo. Income: \$ _____ Wkly \$ _____ Bi-wkly: \$ _____

Education Information

Are you in school full time? Yes No Co-applicant? Yes No

Highest level of education: _____ Co-applicant: _____

Vocational or apprenticeship certification: Yes No Area of certification: _____

General Information

Criminal History:		Military History:	
Applicant	Co-applicant	Applicant	Co-applicant
Yes/No	Yes/No	Yes/No	Yes/No
Any pending charges: _____ _____		Branch: _____	
		Dates: _____	

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Residential History

Are you a current Raleigh/Wake County resident? Yes No how long? _____

Do you have an eviction? Yes No Eviction Date: _____

Reason for eviction: _____

Where did you stay last night? _____ How long? _____

Are you living with family? _____ friends? _____ Explain: _____

Address: _____ City: _____ State: _____ Zip: _____

How long: _____ Telephone #: _____ How much do you pay: \$ _____

Reason for displacement: _____ Victim of domestic violence? _____



Are you currently in transitional housing? Yes No Agency name: _____

Telephone #: _____ How long? _____ Expected departure date: _____

Case Mgr/Contact person: _____ Telephone#: _____



Are you currently in a shelter? Yes No Agency name: _____

Telephone #: _____ How long? _____ Expected departure date: _____

Case Mgr/Contact person: _____ Telephone#: _____

Health Insurance Information

Are you covered by health insurance? _____

If so, what type? Medicaid Medicare Private Health Insurance COBRA VA Employer

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Have you applied and been denied housing within the past 60 days? Yes No

Reason for denial: _____

Do you have a negative history of: Criminal Credit Rental Evictions

Are you able to obtain/maintain permanent housing now? Yes No

Amount saved for deposit/first month's rent \$ _____

Are you receiving : Food Assistance TANF Section 8 or other ongoing rental assistance

Client Consent

I hereby certify that the information given on this application is true and correct. I authorize its verification (through third party) and the obtaining of a consumer credit report and criminal check. By signing below, I certify I have read and understand the above:

Signature: _____

Date: _____

Signature: _____

Date: _____

Mail application to:

SUPPORTIVE HOUSING PROGRAM
220 Swinburne Street
Raleigh, NC 27601
Phone: 919- 212-9379 Fax:919- 212-9385

Please bring the \$25 money order payable to Supportive Housing Program to the first day of the workshop.

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CLIENT CONSENT FOR RELEASE OF GENERAL INFORMATION

We are a participating agency of the Carolina Homeless Information Network (CHIN). As a member of CHIN, we use a computerized Homeless Management Information System (HMIS) to collect and report on information about the clients we serve. We collect personal information directly from you for reasons that are discussed in the CHIN Privacy Practices. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, or to improve services. The information we collect is considered confidential and privileged and cannot be exchanged/shared/released without your express and informed written consent, except where authorized by law. We would like your permission to enter information about you into the CHIN HMIS and to share that information with other participating agencies in order to provide the most effective services and housing possible. CHIN upholds your right not to be denied services if you refuse to share your information through the HMIS. However, be advised that agency-specific policies and procedures concerning your rights regarding the sharing of information may differ, please discuss any differences with your service provider.

Tenant/Client Signature

Date

Tenant/Client Signature

Date

Witness or WCHS Housing Specialist

Date