

Thank you for your interest in applying for the **Homeless Prevention Program**. Enclosed is an Application with Income vs. Expenses form that must be completed in full to be considered. It can be submitted for consideration in the following manner:

Email: homelessprevention@theplanningcouncil.org

Fax: (757) 622-4223

Mail or drop off at: Attn: Homeless Prevention Program
The Planning Council
130 W. Plume Street
Norfolk, VA 23510

A Housing Counselor will contact you by telephone within five (5) business days after receiving the completed application. At that time, the Housing Counselor will discuss your application further with you and, if deemed eligible for assistance, a first appointment will be arranged to review your credit report, income and documents verifying your income.

Please note this is a self-sufficiency program and not an emergency assistance. It normally takes 2-4 weeks to process the application and verify all requested documentation. However, your active assistance to submit all complete documents will help expedite the process.

Homeless Intervention Program
Application Form

The Homeless Intervention Program (HIP) is a housing program designed to prevent homelessness for individuals or families who are in temporary financial crisis due to unavoidable circumstances. The current financial difficulties cannot be part of a chronic or long-term pattern you or your family have had managing personal finances. Individuals or families must also be able to demonstrate self-sufficiency prior to the time of application submission and be willing to do the work necessary to become fully self-sufficient again.

The processing of applications and verifying documents can take 2 – 4 weeks so the quicker you can gather and submit your documents the better. The HIP staff will use the information you provide here to determine if you are eligible to receive financial and counseling assistance. Please answer these questions to the best of your ability and do not hesitate to ask the staff if you need help completing this form.

General Information

Applicant	Co-Applicant
Name:	Name:
<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi-Racial	<u>Race</u> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi-Racial
<u>Ethnicity</u> <input type="checkbox"/> Hispanic	<u>Ethnicity</u> <input type="checkbox"/> Hispanic
Age:	Age:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
SSN:	SSN:
Phone number:	Phone number:
Marital Status:	Marital Status:
U.S. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

Address where you currently live (including shelter program if applicable)

Street:		
City:	State:	Zip Code:

Current Mailing Address (if different from above)

Street or PO Box #:

City:	State:	Zip Code:
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Current financial crisis

My/our financial crisis is the result of:

- A serious accident A serious illness A delay in receiving approved benefits
- Unexpected job lay off, reduction in hours or termination of employment
- Unexpected loss of day care or transportation Homelessness Other:

Please describe the nature of your crisis in detail. Please use other side of this page if additional space is needed:

Employment Information	
Applicant	Co-Applicant
Employment Status:	Employment Status:

<input type="checkbox"/> Work Full Time <input type="checkbox"/> Laid Off <input type="checkbox"/> Work Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other	<input type="checkbox"/> Work Full Time <input type="checkbox"/> Laid Off <input type="checkbox"/> Work Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other
Income Annual: Monthly: Hourly: Hours worked per week:	Income Annual: Monthly: Hourly: Hours worked per week:
Income Source (List all) <input type="checkbox"/> Job/Wages <input type="checkbox"/> Social Security <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other - please describe:	Income Source (List all) <input type="checkbox"/> Job/Wages <input type="checkbox"/> Social Security <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other - please describe:
If you are laid off or unemployed, list how long: <input type="checkbox"/> 1- 4 Weeks <input type="checkbox"/> 5- 12 Weeks <input type="checkbox"/> 13 – 26 Weeks <input type="checkbox"/> 27 Weeks or more	If you are laid off or unemployed, list how long: <input type="checkbox"/> 1- 4 Weeks <input type="checkbox"/> 5- 12 Weeks <input type="checkbox"/> 13 – 26 Weeks <input type="checkbox"/> 27 Weeks or more
If you are unemployed, describe your efforts to get another job:	If you are unemployed, describe your efforts to get another job:
List Employers for the Previous 3 Years Employer: Dates of Employment: _____ to _____ Reason for leaving: Amount Earned: _____	List Employers for the Previous 3 Years Employer: Dates of Employment: _____ to _____ Reason for leaving Amount Earned: _____
Employer: Dates of Employment: _____ to _____ Reason for Leaving Amount Earned: _____	Employer: Dates of Employment: _____ to _____ Reason for Leaving Amount Earned: _____
Employer: Dates of Employment: _____ to _____ Reason for Leaving: Amount Earned:	Employer: Dates of Employment: _____ to _____ Reason for Leaving: Amount Earned:
What is the highest school grade completed? 1 2 3 4 5 6 7 8 9 10 11 12	What is the highest school grade completed? 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 Degree:	College: 1 2 3 4 5 6 Degree:
Are there any physical, mental, or other health conditions that limit the kind of work you can do? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	Are there any physical, mental, or other health conditions that limit the kind of work you can do? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Are you currently receiving any disability Income: <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been denied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently receiving any disability Income: <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been denied? <input type="checkbox"/> Yes <input type="checkbox"/> No

Household Information

Other people living in the household:		
Name:	Age:	Monthly income:
Name:	Age:	Monthly income:
Name:	Age:	Monthly income:
Name:	Age:	Monthly income:
Name:	Age:	Monthly income:
Name:	Age:	Monthly income:
Name:	Age:	Monthly income:

Housing

What best describes your current housing arrangement:
<input type="checkbox"/> Own my house/trailer <input type="checkbox"/> Rent my house/apartment/trailer
<input type="checkbox"/> Live with relative or friends and being asked to leave.
<input type="checkbox"/> Live in a shelter or transitional living program for people who are homeless
<input type="checkbox"/> Live in a shelter for victims of domestic violence
<input type="checkbox"/> Homeless, live outdoors, in car, other.

Have you ever lost your housing before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the date(s) and the reason(s):

Have you or another household member ever received HIP or other rental, mortgage and/or security deposit assistance from this agency or other agencies?

Yes No

If yes, please describe the date, the name of the agency and reasons:

Type of assistance needed (Select one)

RENTAL	___ Number of months behind in my rent payments ___ I have received a legal notice that I am being evicted. \$ _____ Total amount I owe in back rent and late fees \$ _____ Monthly amount I pay for rent
MORTGAGE	___ Number of months behind in my mortgage payments ___ I have received a legal notice that my home will be in foreclosure. \$ _____ Total amount I owe in back mortgage and late fees \$ _____ Monthly amount I pay for mortgage
HOMELESS ASSISTANCE	\$ _____ Amount needed for deposits (security and/or first month rent) \$ _____ Amount requested for rental assistance If currently living with friends or family members, describe why you must move out:

How did you learn about the Homeless Intervention Program:

Newspaper A friend or family member Other: _____

Referred by:

NOTE: If you choose to complete this application before having a meeting with staff, you do not need to sign the application until you fully understand the program guidelines and expectations.

- Yes No I have been provided with information about the program and expectations.
- Yes No I understand if I am accepted into for this program that I will be required to comply with the self-sufficiency plan I will help to create and that continued financial assistance is contingent upon my compliance with this plan.
- Yes No I agree that I will not ask for discharge of this loan in any bankruptcy proceeding without prior written approval from: _____
- Yes No I understand that a credit report may be required.
- Yes No I understand that if my personal and/or financial circumstances change significantly, I must contact the HIP staff as soon as possible.
- Yes No I give the HIP staff permission to make the necessary contacts to verify my eligibility for participation in the program.

By signing this document I indicate that the information provided in this application is accurate, that I understand the requirements of the program and that I agree to cooperate with the Homeless Intervention Program staff. If I have willfully provided false information or choose not to cooperate with staff, I understand I will be terminated from the program immediately.

Applicant

Date

Co-Applicant

Date

HIP Staff Member

Date

Income/Expense Statement

Applicant:	
Income Source	Net Monthly Amt
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
Other	
Total Amount	

Co-Applicant:	
Income Source	Net Monthly Amt
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
Other	
Total Amount	

Minor/Other Household Members:	
Income Source	Net Monthly Amt
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
Total Amount	

Income/Expense Summary:	
Total Income	
Total Expenses	
Deficit/Surplus (circle)	

NOTES:

Essential Monthly Living Expenses	
Monthly Expense	Amount
Rent/Mortgage	
Property Taxes	
Property Insurance	
Gas/Electric/Oil	
Water/Sewage/Garbage	
Telephone	
Personal Hygiene/Supplies	
Laundry/Dry Cleaning	
Groceries	
Work Expenses	
School Lunch	
Health Insurance	
Prescriptions	
Health Care (other)	
Vehicle Payment(s)	
Vehicle Gas/Repairs	
Auto Insurance	
Tolls/ /Parking	
Bus Fare/Rides/Cab Fare	
Taxes/Registration	
Child Day Care	
Alimony/Child Support	
Bankruptcy Trustee paymt	
Credit cards	
Loans (student, personal)	
Other Loans	
Life/Rental Insur. Prem.	
Payment Arrangements	
Other	

Discretionary Monthly Expenses	
Rental/Furniture Paymt	
Beauty/Barber/Nails/Waxing	
Entertainment/Cable/Satellite	
Clothing/Shoe Purchases	
Storage Fee	
Pet Care	
Pager/Cell Phone	
Cigarettes/Alcohol	
Religious/Social Contrib.	
Misc. (unexpected expenses)	\$50
Other	
Total	

