



CONNECTIONS

Challenge Barriers. Build Independence.

Pre-Intake Form

To be filled out for individuals with a disability wanting to work with an Independent Living Specialist.

Caller Name (if different than consumer):			
Caller Type:			
<input type="checkbox"/> Disabled Person	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Other:

Consumer Name:		Date of Birth:	
Street Address:		City:	
County:		Zip Code:	
Phone:		Alt. Phone:	
Email:			

Communication Preference:				
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Braille	<input type="checkbox"/> Email	<input type="checkbox"/> Large Print	<input type="checkbox"/> Voice

Does the consumer have SSI and/or SSDI benefits?		
<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	<input type="checkbox"/> None
Is the consumer interested in applying for benefits?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Primary Disability:
Secondary Disabilit(ies):
Assistance Needed:



VERIFICATION OF DISABILITY/HANDICAPPED STATUS

RE: _____
 Applicant/Participant Social Security Number

 Name of Member Claiming Disability/Handicap Social Security Number

TO WHOM IT MAY CONCERN:

The applicant/participant is applying for housing assistance subsidized through the Department of Housing and Urban Development. Federal regulations require that all income, expenses, preferences and other information related to eligibility must be third-party verified. Please complete this form as it applies to the above named family member who is claiming preference. Be assured that your reply will be kept confidential. Please provide the requested information within the next 10 days. If you have any questions, please contact:

 Housing Coordinator Telephone Number

RELEASE OF INFORMATION:

I hereby authorize the release of the information requested below:

_____ Signature of Head of Household	_____ Date
_____ Signature of Family Member (If Adult)	_____ Date

This is to certify that, in my opinion, _____ is or is not (choose one) disabled/handicapped to such an extent that one of the following applies to his/her condition:

- a) the person has a disability as defined in Section 223 of the Social Security Act of (42 U.S.C. 423);
- b) the person has a developmental disability as described by Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)); or
- c) The person has a physical, mental or emotional impairment that:
 - a. is expected to be of long-continued and indefinite duration;
 - b. substantially impedes his or her ability to live independently, and
 - c. is of such a nature that ability to live independently could be improved by more suitable housing conditions.

Disability began on/about _____
 (Residential Coordinator may not verify this information)

 Signature of Knowledgeable Professional Print Name of Knowledgeable Professional

 Title of Knowledgeable Professional License Number (if applicable)

 Street Address City State Zip

 Telephone Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.





Date: _____
 Time: _____
 Staff Initials: _____
For Agency Use Only

PRE-APPLICATION

Head of Household Name: _____ Social Security Number: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 County: _____ Date of Birth: _____ Phone: _____ Email: _____
U.S. Citizen: Yes No **Veteran:** Yes No **Gender:** Male Female _____
Race: White Black American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander _____
Ethnicity: Hispanic Non-Hispanic

Additional Family Members	Gender	DOB	Social Security Number	Disabled
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Income: INCLUDE ALL ANNUAL INCOME BEFORE ANY DEDUCTIONS received for all who will reside with the head of household. Income examples include wages (full or part-time), Public Assistance (TANF or General Assistance), Social Security, SSI, disability, pensions, unemployment, babysitting, child support, alimony, scholarships, grants, money from family members, etc.

Total Annual Family Gross Income: \$ _____

PREFERENCES:

Please check all that apply

- Families that are experiencing homelessness
- Families that include a person with a disability
- Families that include victims of domestic violence
- Non-Elderly Disabled families transitioning from nursing homes and other approved institutional settings into independent, community-based living.
- Families that are current participants in a DOH housing program (SHV, CoC PSH, CATV, Section 811, Rapid Rehousing).

CERTIFICATIONS: The Department of Local Affairs, Division of Housing is an equal opportunity housing agency and does not discriminate on the basis of race, color, creed, religion, gender, age, national origin, sexual orientation, disability, marital or familial status.

APPLICANT CERTIFICATION: Signature required of all family members 18 years or older. Use reverse if needed.

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

I hereby certify that the information completed on this form is given voluntarily and is true and correct. I understand that this pre-application does not imply any obligation or constitute a guarantee or contract by the Division of Housing (DOH). My signature below not only certifies that the information provided is true and correct but also authorizes DOH to conduct a CBI background check. This background check will include all adult family members of my household including myself

Print Name	Signature	Date



SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.