



RESIDENT APPLICATION AND INFORMATION FORM

Application Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Referring Agency: _____ Case Worker: _____

Are you currently homeless? Yes No

Have you ever been homeless for more than a year? Yes No

In the past 3 years, how many times you been homeless? 1 2 3 4 More than 4 times

Most recent address: _____ When: _____
City/State Zip

Current Telephone: () _____ Social Security Number: _____

Date of birth: _____ Gender: M F

Drivers License Number: _____ State: _____ Expiration: _____
or Government ID

Are you a U.S. veteran? Yes No Have you ever been evicted from your housing? Yes No

If YES, explain when, where and why: _____

Race:

- | | |
|---|---|
| <input type="checkbox"/> A. American Indian or Alaska Native | <input type="checkbox"/> F. American Indian/Alaska Native and White |
| <input type="checkbox"/> B. Asian | <input type="checkbox"/> G. Asian and White |
| <input type="checkbox"/> C. Black or African American | <input type="checkbox"/> H. Black/African American and White |
| <input type="checkbox"/> D. Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> I. American Indian/Alaskan Native and Black/African American |
| <input type="checkbox"/> E. White | <input type="checkbox"/> J. Other Muti-Racial |

Ethnicity:

- A. Hispanic or Latino B. Non-Hispanic or Non-Latino

Information concerning financial qualification

- | | |
|---|--|
| <input type="checkbox"/> A. SSI/SSDI \$ _____/Month | <input type="checkbox"/> E. Pension \$ _____/Month |
| <input type="checkbox"/> B. Social Security \$ _____/Month | <input type="checkbox"/> F. Medicare (copy of card) \$ _____/Month |
| <input type="checkbox"/> C. Food Stamps \$ _____/Month | <input type="checkbox"/> G. Medicaid # _____ |
| <input type="checkbox"/> D. Veteran's Benefits \$ _____/Month | |

What is the total income (from all sources) you receive each month? \$ _____

Are you currently employed? Yes No (If NO, complete: Certification of Non-Employment)

Employer: _____ Job Title: _____

Address/City/State/Zip: _____



1414 Congress Street
Houston, Texas 77002
713.221.6213 Office
713.221.6224 Fax

Health Information Form

Resident Name: _____ Unit Number: _____

Referring Agency: _____ Case Worker: _____

Information Provided on this form WILL NOT DISQUALIFY YOU from residency at Harmony House Permanent Supportive Housing. This information is requested solely to assist in providing you with a safe and comfortable home in our community.

Are you presently under the care of a physician? Yes No

Physician's Name: _____ Phone: _____

Clinic Name: _____ Address: _____

Most recent diagnosis: _____

Do you currently have, or have you had within the last three years:

AIDS/HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epileptic seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexually transmitted disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above, please explain, including when you were diagnosed and when you were determined to be disease-free, if applicable:

MENTAL HEALTH INFORMATION

Are you presently under the care of a mental health professional? Yes No

MH Professional's Name: _____ Phone: _____

Clinic Name: _____ Address: _____

Most Recent Diagnosis: _____

Current Medications: _____

Current Case Manager: _____ Phone: _____

Agency: _____ Phone: _____

Address: _____

IF YOU NEED MORE ROOM, PLEASE FEEL FREE TO USE THE BACK OF THIS PAGE.



1414 Congress Street
 Houston, Texas 77002
 713.221.6213 Office
 713.221.6224 Fax

VERIFICATION OF DISABILITY
 Permanent Supportive Housing (PSH) Program

Applicant's Name: _____ **Social Security #:** _____

The person named above has applied for the PSH Program which provides rental assistance and supportive service homeless and disabled, operated under the guidelines of the Housing and Urban Development (HUD). Before we can approve the applicant for PSH, we must verify the eligibility of the applicant. We appreciate your cooperation in providing the following information and returning this form to us at the address above and/or the agency requesting. Your prompt reply will assure timely processing of the application. The applicant has authorized the release of this information below.
 Thank You.

 Harmony House, Inc. Date

For the purpose of eligibility for participation in PSH, a disabled person who has a physical, emotional, or mental impairment that:

- A. Is expected to be of long-continued or indefinite duration;
- B. Substantially impedes the person's ability to live independently; and
- C. Is such that the person's ability to live independently could be improved by more suitable housing conditions.

Diagnosis: _____

I hereby certify that _____ should be considered disabled in accordance with the definition and diagnosis above.

Name of Physician or Authorized Credentialed Professional _____

Date: _____ **Signature:** _____ **Phone:** _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the release of the requested information pertaining to my disability to the Sponsor Agency named above.

 Applicant's Signature Date



1414 Congress Street
 Houston, Texas 77002
 713.221.6213 Office
 713.221.6224 Fax

CERTIFICATION OF NON-EMPLOYMENT

Resident Name: _____ Unit Number: _____

Referring Agency: _____ Date: _____

This certification shall be signed by an applicant who claims no employment income on an application.

I am not presently employed, but I will begin employment with _____

_____ (company name) within the next twelve (12) months.
(Obtain verification of expected earnings within the next twelve months from employer and include as wages income in Calculation of Adjusted Income.)

I am not presently employed in any capacity. At this time, I do not anticipate becoming employed within the next twelve (12) months. Furthermore;

I do not receive unemployment compensation or other benefits as a result of my non-employment.

I do receive benefits as a result of my non-employment, from _____
in the amount of \$ _____ **(monthly/weekly)**

(Obtain verification of benefits received and include as Benefits Income (item 4) in Calculation of Adjusted Income)

This certification is true and complete. Any misrepresentation of my employment status herein will be considered a material breach of my lease and will subject me to remedies indicated therein.

Resident Signature

Date

Witnessed on behalf of Harmony House

Date



1414 Congress Street
Houston, Texas 77002
713.221.6213 Office
713.221.6224 Fax

CERTIFICATION OF ZERO INCOME

Resident Name: _____ Unit Number: _____

Referring Agency: _____ Case Worker: _____

1. I hereby certify that I *DO NOT* individually receive income from any of the following sources:
 - A. Wages from employment (including commissions, tips, bonuses, fees, etc.)
 - B. Income from operation of a business
 - C. Rental income from real and/or personal property
 - D. Interest and/or dividends from assets
 - E. Social Security payment, annuities, insurance policies, retirement funds, pensions and/or death benefits.
 - F. Unemployment and/or disability payments
 - G. Public assistance programs
 - H. Periodic allowances such as alimony, child support, and/or gifts received from persons *NOT* living in my household
 - I. Sales from self-employed resources (Mary Kay, Avon, etc.)
 - J. Any other source not named above.

2. I currently have *NO* income of any kind and there is *NO* imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Resident Signature

Date

Witnessed on behalf of Harmony House

Date



Consent for Criminal Background Check

I, _____ (print applicant's name), hereby authorize Harmony House, Inc. to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations and convictions of felony and misdemeanor crimes, and will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

Please complete the following information. Please print.

Your Name: _____
Last First Middle (Suffix)

Also Known As: _____
Nicknames / Other Names / Maiden Name

D.O.B: _____ Gender: ___M ___F Race: _____

Soc. Sec. No.: _____

Driver's Lic. No. _____ State: _____ Expiration: _____

List cities and states in which you have lived within the past ten (10) years:

City/State City/State City/State

City/State City/State City/State

Position / Company Desired: _____

Signature Date

Office Use Only Run Date: _____

Summary



HOUSING ASSISTANCE APPLICATION



Applicant Name: _____

Current Address: _____

City, State, Zip: _____

Phone Number: _____

Household Composition

(List the Head of Household who will be living in the unit.)

Full Name	Relationship	Birthdate	Age	Sex	Social Security Number

Applicant Information

1. Race of Head of Household (Check One) – Optional

(This information is being collected to assure compliance with Fair Housing rules)

<input type="checkbox"/>	White	<input type="checkbox"/>	African American	<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	African American and White	<input type="checkbox"/>	American Indian or Alaskan Native and White	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>	American Indian or Alaska Native and African American	<input type="checkbox"/>	Race Combination not included in above categories

1a. Ethnicity: _____ Hispanic _____ Non-Hispanic

2. Are you currently homeless or living in a shelter? ___ Yes ___ No

If yes, please explain: _____

3. Have you ever received rental assistance program? ___ Yes ___ No
(HUD, Section 8)

If yes, please list the program _____

4. Have you ever been convicted of a felony? Yes ___ No ___ . If yes, please explain and give date(s) of conviction(s) _____



Income Information

What is the total annual income of all household members? (Include wages; salaries and tips; child support, Social Security or other retirement income; alimony; TANF; and/or SSI/SSDI)

Full Name	Source of Income	Annual Amount

Asset Information

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset. (Include bank accounts, investments, money markets, CDs)

Full Name	Type & Source of Asset	Cash Value	Annual Income

Expense Information

Yes No Does your household pay child care expenses for children under the age of 13 that enables a family member to work or go to school full-time?

Yes No If elderly or disabled, does you household have un-reimbursed medical expenses?

Yes No Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

APPLICATION CERTIFICATION: I understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I authorize RPSH staff to verify all information provided on this application.

Head of Household Date



1414 Congress Street
 Houston, Texas 77002
 713.221.6213 Office
 713.221.6224 Fax

REGISTERED SEX OFFENDER INFORMATION

Resident Name: _____ Unit Number: _____

Referring Agency: _____ Case Worker: _____

Information provided on this form WILL BE CHECKED against the Texas and National sex offender database. Please fill in all information completely. Conviction of a sexual offense will DISQUALIFY from residing at 1414 Congress, Harmony House Permanent Supportive Housing Program.

Are you presently under the care of a physician? Yes No

Date of Conviction: _____ Convicted for: _____

Describe your offense: _____

State: _____ Court of Jurisdiction: _____

Sentence: _____

Place of incarceration: _____

RELEASE INFORMATION

Completion of sentence Parole Date of release: _____

If paroled, name and address of Parole Officer: _____

Telephone of parole officer: _____ Date parole will end: _____

I hereby certify that the information provided above is complete and accurate and I understand that falsifying or omitting any information on this form will constitute grounds for termination of my application for residency and of my lease agreement.

 Resident Signature

 Date