

SOCIAL SERVICES APPLICATION

TRIBAL HHAP3

ONE APPLICATION PER HOUSEHOLD. ALL PROGRAM SERVICES ARE BASED ON AVAILABLE FUNDING. COMPLETING THIS APPLICATION DOES NOT GUARANTEE RECEIPT OF SERVICES. CONTACT SOCIAL SERVICES WORKER FOR PROGRAM BENEFITS. KEEP CONTACT NUMBERS UPDATED WITH SOCIAL SERVICES DEPT



*THIS INTAKE APPLICATION NEEDS TO BE COMPLETED CAREFULLY AND THOROUGHLY. PICTURES OF INTAKE APPLICATION WILL NOT BE ACCEPTED FOR SUBMISSION. *

TRIBAL HHAP3 PROGRAMS:

RENTAL SUBSIDY

YOUTH HOMELESS AND HOUSING INITIATIVE

FIRST NAME	MIDDLE NAME	LAST NAME	AGE

PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			

PHONE #	ENROLLMENT #	SOCIAL SECURITY #
BIRTH DATE	2 ND CONTACT PERSON	2 ND CONTACT PERSON PHONE #

LIST ALL HOUSEHOULD MEMBERS:

FIRST NAME	LAST NAME	ENROLLMENT #	BIRTHDATE	RELATIONSHIP

1. ARE YOU A YOUTH BETWEEN THE AGES OF 12 AND 24 OR HAVE A YOUTH (12-24) IN THE HOUSEHOLD?

YES NO

1.A IF YOU ANSWERED YES TO 1, IS YOUR HOUSING SITUATION STABLE?

YES NO

(THIS HELPS US DETERMINE THE NEED FOR RENTAL SUBSIDY OR CASE MANAGEMENT)

1.B ARE YOU (THEY) CURRENTLY ENROLLED IN COLLEGE OR UNIVERSITY?

YES NO

1.C DID YOU (THEY) DROP OUT OF HIGH SCHOOL?

YES NO

1.D DO YOU (THEY) HAVE A HISTORY IN THE FOSTER CARE SYSTEM OR JUVENILE DETENTION?

YES NO

1.E DO YOU (THEY) HAVE A HISTORY OF DRUG OR ALCOHOL ABUSE PERSONALLY OR WITHIN THE HOME?

YES NO

1.F DO YOU (THEY) HAVE A HISTORY OF MENTAL HEALTH ISSUES OR INTELLECTUAL DISABILITIES?

YES NO

2. ARE YOU CURRENTLY HOMELESS?

YES NO

3. ARE YOU WILLING TO PARTICIPATE IN CASE MANAGEMENT?

YES NO

EXAMPLES: ONE-ON-ONE CASE WORK, GOAL SETTING, ETC.

4. DO YOU CURRENTLY RENT YOUR HOME?

YES NO

5. DO YOU RENT A SHARED ROOM, OR TRAILER TYPE STRUCTURE?

YES NO

EXAMPLES: IN-LAW QUARTERS, CONVERTED SPACES ON SHARED PROPERTY, TRAVEL TRAILERS, RVs, MOBILE

HOMES WITH NO PERMANENT FOUNDATION

6. IS ANYONE IN YOUR HOUSEHOLD CURRENTLY RECEIVING HUD/SECTION

8/RENTAL ASSISTANCE?

YES NO IF YES PLEASE SPECIFY: _____

TOTAL MONTHLY HOUSEHOLD INCOME	MONTHLY RENT
LANDLORD NAME	LANDLORD PHONE #

I CERTIFY BY SIGNING THIS APPLICATION THAT ALL INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. **I'VE DISCLOSED ALL INCOME FOR MY HOUSEHOLD AND ALL INFORMATION IN REGARDS TO MY HOUSEHOLD MEMBERS.** NON-DISCLOSURE OF INFORMATION IS GROUNDS FOR SUSPENSION OF SERVICES.

Signature _____ Date _____

Social Services Contact Information

36970 Park Ave

Burney CA, 96013

(530) 335-5421

Fax: (530) 335-6340

OFFICE USE ONLY

Applicant appears eligible for (please circle one):

Rental Assistance

Youth Program

Homeless Program