Referral Application for NeighborWorks Alaska

Sponsor-based Rental Assistance

"SRA"

Program Contact: Laura Cox-Wilson, Director of Supportive Housing

Office: (907) 677-8472 Fax: (907) 677-8453

2515 A Street, Anchorage, Alaska, 99503

	Program Applicant	*All Household members (use separate sheet if more than 1 other household member)*	*Information*
Last Name:			***Case Manager***
First Name :			
Middle Name:			***CM Contact Number***
Soc. Sec. Number:			
Birth Date:			***Emergency Contact***
Mailing Address :			
			Emergency Contact #
Residence Address:			
			Family Status
Phone:			☐ Single
Relationship to HOH:	*SELF*		☐ Married
Ethnicity/Race:			☐ Partner
Gender:			☐ # Children
Veteran:			

A. American Indian/Alaska Native
B. Asian
C. Black/African American
D. Native Hawaiian/Pacific Islander
E. White

NHL. Non Hispanic/ Latino
HL. Hispanic/ Latino

INCOME INFORMATION

List all the income you and each person in your household receives on the following chart.

SOURCE ,	*NAME*	*AMOUNT PER MONTH*
Supplemental Security Income (SSI)		
Social Security Disability Income (SSDI)		
Social Security (Retirement, Death Benefits)		
General Public Assistance		
Interim Public Assistance		
ATAP - Alaska Temporary Assistance Program		
Child Support		
Veterans Benefits		
Veterans Health Care		
Employment Income		
Unemployment Benefits		
Alaska Permanent Fund		
Native Corporation Dividends		
Corporation Name:		
Addtnl Corp/Tribal:		
No Financial Resources		
Medicare		
Medicaid		
Food Stamps		
WIC		
Other (please specify)		

ASSET INFORMATION

List assets of all household members including checking accounts, savings accounts, IRAs, CDs, real estate, stocks, bonds, recreational vehicles, boats, and fishing permits, including the value of each.

***Checking Account -- Bank or Credit Union**:*

*Bank:*_____ *Account #*_____ *Amt. $*_____

*Address:*_____

Savings Account – Bank or Credit Union

*Bank:*_____ *Account #*_____ *Amt. $*_____

*Address:*_____

Stocks & Bonds (Value) *Amount $*_____

IRA/CD (Value) *Amount $*_____

Real Estate (Value) *Amount $*_____

Other (Value) *Amount $*_____

CHILD CARE EXPENSES

Do you receive Child Care Assistance? YES☐ *NO*☐

*Assistance Amount: $*_____ *(hr/wk/mo/yr)*

*Child Care Expense (Out of Pocket): Amount $*_____*(hr/wk/mo/yr)*

Name and Address of Child Care Provider: _____

_____

Phone number of Child Care Provider: _____

_____ *Guardian* _____ *Conservator* _____ *Payee*

*Please provide Name/ Agency/Contact # of above:*_____

_____

_____

EQUAL HOUSING OPPORTUNITY

CLIENT INFORMATION

Check all that applies. Applicant must meet the criteria below:

***Disability**: What is the applicants verified disability category?*

- *a. ☐ Mental illness*
- *b. ☐ Alcohol abuse*
- *c. ☐ Drug abuse*
- *d. ☐ HIV/AIDS & related diseases*
- *e. ☐ Developmental Disability*
- *f. ☐ Physical Disability*
- *g. ☐ Chronic Health Condition*

***Homeless**: What was the applicant's prior living situation in the week prior to application?*

- *a. ☐ Non-housing (streets, car, camp, etc.)*
- *b. ☐ Emergency shelter*
- *c. ☐ Transitional housing for homeless*
- *d. ☐ Psychiatric facility**
- *e. ☐ Substance abuse treatment facility**
- *f. ☐ Hospital**
- *g. ☐ Jail/prison **

**** Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.***

Approximate Date Homelessness Started: _____

***Duration of Homelessness**:*

☐ <1 day ☐ 1-30 days ☐ 31-180 days ☐ 181-365 days
☐ 366-730 days ☐ >730 day

***Chronic Homelessness**: To be considered "chronically homeless" a person must have been living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months OR on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described above. Stays in institutional care facilities for FEWER than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12 month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.*

***Has the applicant been**:*

☐ Homeless for 12 or more consecutive months
☐ Homeless 4 or more times in the past 3 years totaling a combined 12 months and meets all of the criteria set forth by HUD

***Total number of months Homeless**:*_____

If the person is considered to be chronically homeless, please see additional homeless verification requirements.

Describe the applicant's current living situation. *Use the back of this page or attach a separate sheet if needed. Please provide the appropriate verification documents as described on the Applicant Check List.*_____

_____

_____

_____

_____

Reason for referral to this particular "SRA" Program:_____

_____

_____

_____

_____

List previous residences for the past two years.

Address: _____

From: _____ *To:* _____

Address: _____

From: _____ *To:* _____

Please list any other agencies providing services to the applicant such as Assets, The ARC, ABH, Choices, PRC, etc. Please include a contact name and phone number. SRA candidates must have additional services attached.

_____

_____

I hereby give my permission for NeighborWorks Alaska to verify any information they may need to determine my eligibility for housing and for continued occupancy in the Sponsor-based rental assistance program. I fully understand this waiver covers future, as well as current verification from State and Federal Agencies. NeighborWorks Alaska is hereby given my permission to request information from all other available sources.

The above information is true and correct. I hereby authorize NeighborWorks Alaska to check references and verify information contained in this application.

_____

Applicant Name

_____ _____

Applicant Signature *Date*

_____

Referring Agency Representative Name/Title

_____ _____

Referring Agency Representative Signature *Date*

Referral from Coordinated Entry ☐ *YES* ☐ *NO*

Date of Referral from Coordinated Entry _____

Date application submitted _____

SUPPORTIVE HOUSING PROGRAMS -- APPLICANT PROFILE

Please provide a brief narrative describing the applicant with regards to the following areas. This information is being requested because in instances where we have had problems with tenants that resulted in evictions, it is these areas that have been the causes of the problems. Please use additional pages if necessary.

1. *Please describe the applicant's relationships to persons who may cause problems for them or victimize them, (i.e. drug dealers, domestic violence, etc.) and evaluate the potential for victimization on a scale of 1 to 5 with 5 being the greatest risk.*

Least risk for Victimization ☐ *1* ☐ *2* ☐ *3* ☐ *4* ☐ *5* *Greatest risk for Victimization*

2. *Please describe the ability of the applicant to set boundaries, apply appropriate refusal skills, and set limits for themselves and others with regard to allowing other people free access to his/her apartment. Evaluate the applicant's ability in this regard on a scale of 1 to 5 with 1 being the highest ability to set boundaries, etc.*

Excellent Boundaries/ Refusal skills ☐ *1* ☐ *2* ☐ *3* ☐ *4* ☐ *5* *Minimal Boundaries Poor refusal skills*

3. *Please describe the applicant's level of treatment compliance and engagement. Evaluate the applicant's ability in this regard on a scale of 1 to 5 with 1 being the highest quality of compliance and 5 being the lowest quality of compliance.*

High level of Compliance ☐ *1* ☐ *2* ☐ *3* ☐ *4* ☐ *5* *Non-Compliant*

Please fill out the following form and also describe on the back of this page the applicant's history with regard to substance use and legal history, specifically if the applicant is currently using substances or is presently on probation/parole.

Treatment History:

Mental Health	***Alcohol & Drug Treatment***	***Legal History***
☐ *No Treatment History*	☐ *No Treatment History*	☐ *Past Probation/Parole*
☐ *Outpatient Only*	☐ *Outpatient Only*	☐ *Present Probation/Parole*
☐ *<3 Psychiatric Hospitalizations*	☐ *<3 In-Patient Admits*	☐ *# Jail Sentences*
☐ *>3 Psychiatric Hospitalizations*	☐ *>3 In-Patient Admits*	☐ *Felony History*

EQUAL HOUSING OPPORTUNITY

NeighborWorks Alaska

"SRA" PROGRAM

APPLICANT CHECKLIST

The following information must be provided in order for the application to be processed.

☐ ***Completed and signed application***

☐ ***Verification of disability from a physician or other licensed professional. (HOH only)***

☐ ***Verification of income (within 30 days) to include; Social Security/APA printout, child support statements, bank statements, notarized zero income statement, paycheck stub, etc. (ALL household members)***

☐ ***Verification of current living situation and program eligibility based upon homelessness. Please see the table that follows this page for directions on proper verification of homelessness. (HOH only)***

☐ ***All applicable ROIs such as Permanent Fund Dividend, OPA, Social Security, AHFC, Department of Public Assistance, Native Corporations, Case Managers, Service Agencies, Health Care, etc. A current ROI will be required with the new property owner when the tenant moves into their apartment. (ALL household members)***

☐ ***Copies of Identification, Social Security Cards, Birth Certificates (for children if applicable), ECT. (ALL household members)***

☐ ***Care Plan/ Case Plan/ Service Plan attached. (HOH only)***

VERIFICATION GUIDELINES *- SEE ATTACHED HOMELESS VERIFICATION TABLE*