

## CAP's Supportive Housing Application Checklist

Thank you for applying to CAP's Supportive Housing Program! In order for your application to be considered, you need to be a current CAP client. We will also need you to complete the attached forms:

**Attached Forms**

- CAP's Housing Application
- CAP's Landlord Release of Information, completed and signed
- Background Investigations Form, completed and signed

To enroll in CAP's Supportive Housing Program, you must be Homeless or At Risk of Homelessness.

Depending on your circumstances, we'll need one of the following:

- Homeless Verification Form. *Review form for additional required documentation.*
- At Risk of Homeless Verification Form. *Review form for additional required documentation.*

In addition, we will need from you:

- Proof of Health Insurance (If you don't have health insurance or proof of insurance, we can help!)

Income Verification for all members of the household over age 18. Use the table below to identify which type(s) of verification you are providing.

Type of Cash Income		Type of Verification Required
Government Benefits (TANF,SSI/SSDI, VA etc.)	<input type="checkbox"/>	Most Current Award Letter
Employment	<input type="checkbox"/>	Pay stubs from past 1 – 3 months
Unemployment Benefits	<input type="checkbox"/>	Award Letter dated within 30 days
No Income	<input type="checkbox"/>	CAP's Certification of Zero Income Form dated within 60 days
Other	<input type="checkbox"/>	Please ask!

**We recognize that this is a lot of information and we are here to help!** To schedule an appointment to complete this application call 503-223-5907 and press zero for the receptionist, or visit the Service Center at 520 NW Davis St., Suite #215, Tuesday and Friday from 9:00 am—12:00 pm, Monday thru Thursday from 12:30 pm—4:30 pm or Friday from 12:30 pm—3:00 pm. We will complete this application with you and help you gather all required documentation.

# CAP Housing Application

Date: \_\_\_\_\_

CAP Staff Name: \_\_\_\_\_

## Contact Information

Name (with middle initial): \_\_\_\_\_ Other Names Used (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street address: \_\_\_\_\_ County: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_ Is it okay for CAP to send you mail? \_\_\_\_\_

Primary phone #: \_\_\_\_\_ Is it okay for CAP to call you at this number? \_\_\_\_\_

Is it okay for CAP to leave you a voicemail at this number? \_\_\_\_\_ Does the voicemail need to be discreet? \_\_\_\_\_

Text phone #: \_\_\_\_\_ Is it okay for CAP to text you at this number? \_\_\_\_\_ Does the text need to be discreet? \_\_\_\_\_

Email address: \_\_\_\_\_ Is it okay for CAP to email you at this address? \_\_\_\_\_

## Household Information

Please complete the tables below for everyone who lives in your household.

Household Member Name	Relationship to you	Date of Birth	Social Security Number	Gender	HIV+ (yes or no)

### Cash Income

Employment, Unemployment, SSI/SSID, TANF, VA Benefits, etc.

### Non-Cash Income

SNAP (food stamps), WIC, Section 8, Rent Assistance, etc

Person	Income Source	Monthly Amount
<b>Self</b>		
<b>Total Monthly Cash Income</b>		

Person	Non-Cash Income Source	Monthly Amount
<b>Self</b>		
<b>Total Monthly Non-Cash Income</b>		

**Race/Ethnicity**

**Ethnicity**

In the table below enter YES if **Hispanic/Latino** or No if **Non-Hispanic Latino** for you and everyone in your household.

If **Hispanic/Latino**, also choose a place of origin:

- a. Mexican, Mexican American, Chicano/a    b. Puerto Rican    c. Cuban    d. Other Hispanic, Latino or Spanish origin

**Race**

In the table below, enter a race from the list below for you and everyone in your household.

- a. White                                      b. Black/African American                                      c. African                                      d. American Indian/Alaskan Native  
 e. Middle Eastern                              f. Slavic                                      g. Asian                                      h. Native Hawaiian/Pacific Islander  
 i. Other Multi-Racial                              j. Other

If **Native Hawaiian/Pacific Islander**, also choose a place of origin:

- a. Native Hawaiian                              b. Guamanian or Chamorro                              c. Samoan                              d. Other

If **Asian**, also choose a place of origin:

- a. Asian Indian                              b. Chinese                              c. Filipino                              d. Korean                              e. Japanese                              f. Vietnamese                              g. Other

Household Members Name(s)	Ethnicity	Ethnicity origin (if Hispanic/Latino)	Race	Race origin (If Asian or Native Hawaiian/ Pacific Islander)
Self				

**Health and Safety**

Do you have an HIV Healthcare Provider? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Do you have a Medical Case Manager? \_\_\_\_\_ If yes, who? \_\_\_\_\_

May CAP contact your healthcare provider for housing and referral purposes? \_\_\_\_\_

Please select the type(s) of health insurance you currently have:

- None     Medicare     CAREAssist     Medicaid/OHP     Private—Employer     Private—Individual     Military     IHS Do

you have dental insurance? \_\_\_\_\_

Have you ever been a survivor of domestic violence? \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_

Are you currently fleeing or trying to flee a Domestic Violence situation? \_\_\_\_\_

Do you have any physical, mental, financial or emotional safety concerns in your current living situation? \_\_\_\_\_

If not now, have you ever had any of the above safety concerns? \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_

**Housing History**

Please check all of the places that you've slept in the last month:

- My own apartment or home     With family or friends     A motel paid for by a service agency
- A shelter     Jail or prison     Street, car, garage or other place not meant for human habitation
- Other (please describe):

Please check all of the places you've slept in the past year:

- My own apartment or home     With family or friends     A motel paid for by a service agency
- A shelter     Jail or prison     Street, car, garage or other place not meant for human habitation
- Other (please describe):

If you are currently homeless, where did you sleep last night?

**Additional Housing Considerations**

CAP collects the information below to determine types of specific housing or subsidy eligibility.

Mental Health

1. Are you currently seeing a mental health provider? \_\_\_\_\_ If yes, who? \_\_\_\_\_
2. Do you have any mental health concerns? \_\_\_\_\_ If yes, please describe:

Legal

1. Do you, or anyone in your household, have any open cases? \_\_\_\_\_  
If yes, please describe:
2. Do you, or anyone in you household, have any open warrants? \_\_\_\_\_  
If yes, please describe:
3. Are you on parole or probation? \_\_\_\_\_  
If yes, list name and phone # of your parole/probation officer:
4. If you have open cases, open warrants or convictions for any of the following, please complete:

	Approximate Date(s)	County or Counties	State(s)
Arson			
Drug Manufacturing			
Violent Offense			
Sex Offense			

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Date:

Thank you for completing the Supportive Housing Application!

### **What's next?**

You will be receiving a letter **at the physical or email address you provided within 2 weeks** indicating whether or not you are eligible to be added to the Housing Wait-List. If you provided the name of your Medical Case Manager, they will also be notified.

If you have any questions contact Emilie Friedman, Housing Readiness Coordinator at (503) 278 3834 or [efriedman@cascadeaids.org](mailto:efriedman@cascadeaids.org).

***Please note: it is your responsibility to let CAP know if you have a change to your phone number or mailing address by calling 503-278-3834 or visiting the Service Center at 520 NW Davis St.***

**Your application is not complete. Provide the following documents by:**

**Date:** \_\_\_\_\_

*To provide this information visit the Service Center at 520 NW Davis St., call 503-223-5907, or fax CAP at 503-223-6437. If the requested documentation is not provided by the above date, your application will be denied.*

- Income Verification**
- Rental Agreement/Lease**
- Eviction/Termination notice**
- Proof of Insurance**
- Homeless Verification Documentation**
- At Risk of Homelessness Verification Documentation**
- Other:**