

APPLICATION for Housing Services Mid Michigan

 **Please note: These questions are asked for statistical purposes only and will not affect your eligibility.

Name: _____ Date: _____
Last First M.I.

List all members of your household including yourself.

Name <small>First Name, Middle Initial, Last Name</small>	DOB	Race & Ethnicity	Gender M/F	Social Security	Relationship to applicant Self, Spouse, Son, Daughter etc.

Contact Phone #: _____ Work Phone #: _____

We conduct follow-up surveys to ensure funding.

Do we have your permission to send you text messages to the above number? Yes No Other number: _____

Please check **all** the possible ways to contact you:

Call contact phone Text message Mail to below address Email: _____

What is **your current address** (If homeless provide last **permanent** address):

Street Address Apt. # City County State Zip

Emergency Contact

Please list an emergency contact: _____ Phone #: _____

Address: _____
Street address City State Zip Relationship

Have you or anyone in your household served in the US military? Yes No

If yes, which family member served in the US military? _____

Do you or anyone in your household have a disability? Yes No

If yes, which family member is it? _____

Is the disability long term? Yes No

What type of disability do you/they have? Please check the boxes that apply: Alcohol Abuse
 Both Alcohol and Drug Abuse Chronic Health condition Developmental Drug Abuse
 HIV/AIDS Mental Health Problem Physical

What is your current living situation? (where did you sleep last night)

- Rental Unit Own Home living with family living with friends Mobile Home
 Street/Car/Tent Jail, Prison, or Juvenile Detention Shelter (includes hotel paid for by shelter/church)
 Foster Care Transitional Housing Substance Abuse Treatment Facility Hospital

How long have you stayed there? One night or less 2 to 6 nights more than a week, but less than a month
 More than one month but less than 90 days 90 days or more but less than 1 year 1 year or more

Homeless History:

Are you entering our program from an Emergency Shelter or from the streets (car, tent, etc)? Yes No

If yes, give approximate date that you started living in the shelter or streets: _____

Regardless of where you slept last night,

how many times have you stayed in a shelter or streets in the last 3 years? _____

Total number of months on the streets or in Emergency Shelter in the past 3 years? _____

Are you or anyone in your household pregnant? Yes No If yes, which family member is it? _____
 If yes, what is the projected birth date? _____

Are you or anyone in your household covered by HEALTH INSURANCE? (check all that apply)

- Medicaid, please list which family members are covered: _____
- Medicare, please list which family members are covered: _____
- State Children's Health Insurance, please list which family members covered: _____
- VA Medical Services, please list which family members are covered: _____
- Employer Provided Health Ins. please list which family members are covered: _____
- Health Insurance obtained through COBRA, please list which family members are covered: _____
- Private Pay Health Insurance, please list which family members are covered: _____
- State Health Insurance for adults, please list which family members are covered: _____
- Indian Health Services program, please list which family members are covered: _____
- Other, please list which family members are covered: _____

INCOME (check all that apply and write the monthly amount received next to the appropriate source.)

	Yourself	2 nd Adult Name _____	3 rd Adult Name _____
<input type="checkbox"/> ADC/TANF/FIP Grant	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Child support	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> SSI	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> SSDI	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Social Security Retirement	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Unemployment Benefits	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> VA Service connected Disability	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> VA Non-service Disability	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> State Disability Benefits	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Worker's Compensation	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Alimony/Spousal Support	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Private Disability Payment	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Pension from job	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Other	\$ _____ per month	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Employment	\$ _____ per month	\$ _____ per month	\$ _____ per month
Total Monthly Income	\$ _____ per month	\$ _____ per month	\$ _____ per month

OTHER BENEFITS (check all that apply)

- Food Stamps \$ _____ per month
- DHHS Transportation services
- Rental Assistance (section 8, public housing, etc.)
- WIC
- DHHS Child Care
- Other: _____

Are you a victim of domestic violence? Yes No

If yes, when did the experience occur? Within last 3 months 3-6 months ago 6-12 months ago Over a year ago

If yes for domestic violence victim/survivor, are you currently fleeing? Yes No

EDUCATION:

What is the highest level of education you and your family members have achieved? (check one)

Yourself	2 nd Adult /Spouse/Adult child	3 rd Adult/Adult child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> High School Graduate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Obtained GED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Did NOT complete high school (last grade completed: _____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Some college
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Some Technical School
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Technical School Certification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> College Degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Graduate Degree

How did you hear about our agency? Agency Lender Mailer Walk in Word of mouth Face Book
 Our Website 211 Newspaper