

APPLICATION

Partners In Housing
455 Gold Pass Heights
Colorado Springs, CO 80906
719.473.8890

(Please fill out- PRINT- one application per person even if applying as a couple) If your application is incomplete or not legible it could delay the application process.

Date: _____

Have you applied to PIH in the past? YES NO

Date Last Applied: _____

Were you accepted? _____

If you were not accepted please explain:

Demographic Information

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Please let us know who referred you or how you heard about Partners in Housing, Inc.:

Head of Household: Yes No

If No, Name of Head of Household: _____ Relationship: _____

Ever Received Services Under Different Name? Yes No

If Yes, then provide: First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Marital Status:

Never Married Married Divorced Separated

Are you applying with a spouse or partner? Yes No

If applying with a spouse or partner please provide his/her name: _____

Date of Birth: _____ / _____ / _____

Social Security #: _____ - _____ - _____

Gender: Male Female

Driver's License/State ID: _____ **State:** _____ **U. S. Citizen** Yes No **Alien Status:** _____

(You must have a valid Driver's License or State ID to be considered for the PIH program)

Mailing Address: _____

Street

City

State

Zip Code

Home Phone: _____ **Cell Phone:** _____ **Other:** _____

Hispanic/Latino: Yes ___ No ___

Race (please pick at least one racial designation, choose all that apply):

American Indian or Alaska Native Black or African American White Asian

Native Hawaiian or Other Pacific Islander

Military Status: Served/Serving U.S. Military (veteran): Yes No

Disabling Condition: Do you have a disabling condition? Yes No

Describe Your Situation: Are you Homeless? Yes No

Where Did You Stay Last Night (choose one):

- | | |
|---|--|
| <input type="checkbox"/> Apartment or house that you own | <input type="checkbox"/> Permanent housing for homeless persons |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Car or Vehicle | <input type="checkbox"/> Room, apartment, or house that you rent |
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Staying/living in family member's room, apart. or house |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Hotel or motel paid for with a voucher | <input type="checkbox"/> Transitional housing for homeless persons |
| <input type="checkbox"/> Hotel or motel paid for without a voucher | <input type="checkbox"/> Transportation Site or Station |
| <input type="checkbox"/> Jail | |
| <input type="checkbox"/> Juvenile detention facility | |
| <input type="checkbox"/> Migrant Shelter | |
| <input type="checkbox"/> On the street, under a bridge, etc. | |
| <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other | |

If you are currently housed, are you being evicted within 7 days? Yes No

How Long Were You There (choose one):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Less than 1 week | <input type="checkbox"/> 1 to 2 weeks | <input type="checkbox"/> 3 Weeks to 1 Month | <input type="checkbox"/> 2 to 3 months |
| <input type="checkbox"/> 4 to 6 months | <input type="checkbox"/> 7 months to 1 year | <input type="checkbox"/> More than 1 year | |

Where Did You Stay Before Last Night (choose one):

- | | |
|---|--|
| <input type="checkbox"/> Apartment or house that you own | <input type="checkbox"/> Permanent housing for homeless persons |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Car or Vehicle | <input type="checkbox"/> Room, apartment, or house that you rent |
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Staying/living in a family member's room, apart. or house |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Hotel or motel paid for with a voucher | <input type="checkbox"/> Transitional housing for homeless persons |
| <input type="checkbox"/> Hotel or motel paid for without a voucher | <input type="checkbox"/> Transportation Site or Station |
| <input type="checkbox"/> Jail | <input type="checkbox"/> Varied from place to place |
| <input type="checkbox"/> Juvenile detention facility | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Migrant Shelter | |
| <input type="checkbox"/> On the street, under a bridge, etc. | |

Total Number of Times Homeless (including this time - choose one):

- 1 2 3 4 5 to 7 8 to 10 11 or More

Number of Times Homeless in the past three years (choose one):

- 1 2 3 4 5 to 7 8 to 10 11 or More

How Long Have You Been Homeless This Time (choose one):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Less than 1 month | <input type="checkbox"/> 1 to 3 months | <input type="checkbox"/> 4 to 6 months | <input type="checkbox"/> 7 to 11 months |
| <input type="checkbox"/> 12 months to 2 years | <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> 6 to 10 years | <input type="checkbox"/> More than 10 years |

Reasons or contributing factors to homeless situation (may check more than one):

- Abuse or violence in my home
- Alcohol/substance abuse problems
- Asked to leave
- Bad credit
- Couldn't pay utilities
- Discharge from foster care
- Discharged from jail
- Discharged from prison
- Family member or personal illness
- Legal problems
- Lost a job/couldn't find work
- Medical expenses
- Mental illness
- Moved to find work
- Problems with public benefits
- Relationship problems or family break-up
- Reasons related to my sexual orientation
- Unable to pay rent/mortgage
- Other _____

Tell us about your last Permanent Address (where you last lived for 90 days or more):

Last Permanent Address: _____
 Last Permanent City: _____ State/Province: _____
 Last Permanent Zip Code: _____

Please list all states that you have lived since the age of 18:

State: _____ City: _____ County: _____ Dates lived there: _____
 State: _____ City: _____ County: _____ Dates lived there: _____
 State: _____ City: _____ County: _____ Dates lived there: _____
 State: _____ City: _____ County: _____ Dates lived there: _____

Employment:

Currently Employed: Yes No
 How Many Hours Worked Last Week: _____ Where: _____
 Type of Work: Permanent Temporary Seasonal Contract Based
 If not employed, are you looking for work: Yes No
 If not employed, what was timeframe of last job: ____ / ____ / ____ to ____ / ____ / ____
 Type of work: _____
 If not employed explain why: _____

Income From Work & Other Sources:

Received Income From Work Last Month: Yes No
 Income from Employment in Dollars: \$ _____

Received Income From Other Sources: Yes No

- | | | | |
|---|----------|-------------------------------------|----------|
| 1) Unemployment: | \$ _____ | 9) Retirement from Social Security: | \$ _____ |
| 2) Supplemental Security Income: | \$ _____ | 10) Veteran's Pension: | \$ _____ |
| 3) Social Security Disability Income: | \$ _____ | 11) Pension from Former Job: | \$ _____ |
| 4) Veteran's Disability Payment: | \$ _____ | 12) Child Support: | \$ _____ |
| 5) Private Disability Insurance: | \$ _____ | 13) Alimony/Other Spousal Support: | \$ _____ |
| 6) Worker's Compensation: | \$ _____ | 14) Aid to the Needy and Disabled: | \$ _____ |
| 7) Temporary Assist for Needy Families: | \$ _____ | 15) Old Age Pension (OAP): | \$ _____ |
| 8) General Assistance: | \$ _____ | 16) Other Sources: | \$ _____ |
| | | Describe: _____ | \$ _____ |

Non-Cash Benefits:

	Eligible	Application Submitted	Currently Receiving	Past Recipient
Food Stamps: Amount \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Health Insurance Pr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women Infants Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's VA Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance, Section 8, Housing Vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing Assistance through any other agency: _____

Other Benefit Sources: _____

Education:

Are You In School Now: Yes No

Working on a Degree/Certification: Yes No

Do You Have a Vocational or Apprenticeship Certificate: Yes No

Highest Level of Education Completed (*choose one*):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> No schooling | <input type="checkbox"/> Preschool to 4 th Grade | <input type="checkbox"/> 5 th or 6 th Grade | <input type="checkbox"/> 7 th or 8 th Grade |
| <input type="checkbox"/> 9 th Grade | <input type="checkbox"/> 10 th Grade | <input type="checkbox"/> 11 th Grade | <input type="checkbox"/> 12 th Grade, no diploma |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> GED | <input type="checkbox"/> Post Secondary | |

Received Degrees (*choose all that apply*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Technical Degree or Certificate | <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Bachelors Degree |
| <input type="checkbox"/> Masters Degree | <input type="checkbox"/> Doctoral all but dissertation | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Post-Doctoral Work | <input type="checkbox"/> Other Graduate Degree | |

Children (*for Minors up to age 17*):

Total number of children: _____

Name (first and last)	Sex	Age	Date of Birth	Race	Name of School/Daycare	Other Parent's Full Name
1.						
2.						
3.						
4.						
5.						

If child(ren) is/are **between ages 4-17** and not in school explain why (*may check more than one*):

- | | | |
|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Residency requirements | <input type="checkbox"/> Availability of school records |
| <input type="checkbox"/> Birth certificates | <input type="checkbox"/> Legal guardianship requirements | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Lack of avail preschool programs | <input type="checkbox"/> Immunization requirements | <input type="checkbox"/> Physical Exam requirements |
| <input type="checkbox"/> Other _____ | | |

If **younger than age 4**, why not in daycare (*may check more than one*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Expense | <input type="checkbox"/> Not qualify for CCAP | <input type="checkbox"/> Availability of records |
| <input type="checkbox"/> Not wanting to enroll | <input type="checkbox"/> Legal guardianship requirements | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Lack of avail/open programs | <input type="checkbox"/> Immunization requirements | <input type="checkbox"/> Physical Exam requirements |
| <input type="checkbox"/> Other _____ | | |

Who has legal custody of the child(ren): _____ Where are they living: _____

Do you or the other parent have visitation rights: Yes No

If yes, how often & where does this occur: _____

Is there a safety concern? If yes, please explain: _____

Have you ever been investigated for Child Abuse and/or Neglect: Yes No If yes list dates involved: _____

If Yes, Explain Incident: _____

DHS Caseworker's Name: _____ Phone #: _____

City/State/County: _____ Dates of involvement: _____

What was the outcome? _____

Domestic Violence:

Experienced Abuse: Current In the Past No

If Current or Past, How Recent:

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Immediately prior to contact | <input type="checkbox"/> 24-48 hours ago | <input type="checkbox"/> Last week | <input type="checkbox"/> Last month |
| <input type="checkbox"/> Past 3 months | <input type="checkbox"/> 3 – 6 months | <input type="checkbox"/> 6 –12 months | <input type="checkbox"/> More than 1 year |
| <input type="checkbox"/> Don't Know | | | |

Is there a current safety concern: Yes No

Health Information:

General Health (*choose one*): Excellent Very Good Good Fair Poor

Currently Pregnant: Yes No Don't Know Not Applicable

If yes, what is the due date: ____ / ____ / ____ (MM/DD/YYYY)

Physical Disability: Current In the Past No

If Yes, type of disability: _____

Expected to be of long duration: Yes No

Are you able to work or re-train: Yes No

Developmental Disability: Current In the Past No

If Yes, type of disability _____

Diagnosed HIV/AIDS: Yes No Don't Know

Criminal Background:

Have you ever been arrested or ever been charged of a crime? Yes No

If yes, list dates, city, county, state, and explain: _____

Are you currently involved in any court/legal proceedings? Yes No

If yes, list dates, city, county, state, and explain: _____

Substance Use:

- a. When was the last time you had something alcoholic to drink? _____
- b. How much do you drink at one time? _____
- c. How many times did you drink last month? _____
- d. Is there a history of alcoholism in your family? _____
- e. Has your drinking caused any problems for you? Yes No
Please Explain: _____
- f. Have you ever been arrested for any alcohol related driving offenses? Yes No
Please Explain: _____
- g. Have you ever been in an alcohol treatment program? Yes No
If Yes, When and Where: _____

Drugs:

- a. Have you ever used drugs? Yes No
If Yes, When and What: _____
- b. When was the last time you used drugs? _____
- c. Have you ever been in a drug treatment program? Yes No
If Yes, dates, city and state, name of treatment facility: _____
- d. Have you ever been arrested for any drug related offenses? Yes No
If Yes, dates, city and state, offense: _____

Mental Health History (Psychiatric or Emotional):

- a. Have you ever received treatment for an emotional problem or mental disorder? Yes No
If Yes, Please list the diagnoses: _____
Who is your mental health provider: _____
- b. Have you ever been prescribed medications for a mental, emotional, or behavioral concern? Yes No
If Yes, Please list:
Name(s) of medication(s): _____
Dates taking medication: _____

ANSWER THE FOLLOWING QUESTIONS IN DETAIL:

- 1. What steps have you taken, so far, to prevent you from becoming homeless:
 - 1. _____
 - 2. _____
 - 3. _____

- 2. Once you obtain housing, what are your:
 - 1. Educational Goals: _____
 - 2. Career Goals: _____
 - 3. Life Goals: _____

REFERENCES: (List people, unrelated to you, who we can contact for references.)

Landlord Reference (Any landlord you have rented from):

1) Full Name: _____ Phone: _____ / _____ / _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name of Apartment Building: _____
 Dates Lived There: _____

Landlord Reference (Any landlord you have rented from):

1) Full Name: _____ Phone: _____ / _____ / _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name of Apartment Building: _____
 Dates Lived There: _____

I GIVE PARTNERS IN HOUSING PERMISSION TO CONTACT ALL REFERENCES & RUN A CRIMINAL BACKGROUND CHECK (see page 6 Fair Credit Reporting Act). I understand that if I fail to provide written permission, my application will not be processed.

Applicant Signature

Date

ATTEST OF INFORMATION

I attest that all the information provided in this application is honest and accurate to the best of my knowledge. I understand that any deliberate misrepresentation of the information could result in my being denied acceptance into or expelled from transitional housing.

Applicant Signature

Date

Applicant Printed Name

COMPLETE FRONT & BACK PAGES (12 PAGES TOTAL) TO INCLUDE FAIR CREDIT REPORTING ACT & PIKES PEAK REGION CMS RELEASE. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE RETURNED.

Return completed application to:

**Partners In Housing
455 Gold Pass Heights
Colorado Springs, CO 80906**

All applicants are to be assured of confidential treatment of personal information to the extent possible. PIH shall obtain written permission for the release of information, unless such release is otherwise authorized by law.



**THIS NOTICE DESCRIBES HOW INFORMATION
ABOUT YOU
MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION
PLEASE READ IT CAREFULLY**

Effective Date: 30 June 2006

Our Duty to Safeguard Your Protected Information

Partners In Housing will collect information about you and your family to provide you services. This information will be entered into the Pikes Peak Region Comprehensive Client Management System (CMS) which is our data collection system. We are required to protect the privacy of your identifying information. We must give you notice about how, when, and why we may use or disclose any information you share with us. We are also required to follow the privacy practices described in this Notice, although **Partners In Housing reserves the right to change our privacy practices and the terms of this Notice at any time.** You may request a copy of this notice from any participating **CMS Agency**.

How We May Use and Disclose Your Information

Data collected is used and disclosed for reporting on health and human service needs in our community. Personal information that could be used to tell who you are will never be used for these reports. We will not turn your information over to a national database. We must have your consent to use or disclose your information beyond these purposes unless the law permits or requires us to make the use or disclosure without your permission.

Your Rights Regarding Your Information

- You have the right to ask for information about who has seen your information.
- You have the right to see your information and change it if it isn't correct.
- You have the right to change your release authorization regarding the use of your data.

Pikes Peak Region Comprehensive Client Management System

Client Information Disclosure

This notice explains how information about you may be used and shared. It also tells you how you can access your information. Please read it carefully and ask any questions you have.

What is the Pikes Peak Region Comprehensive Client Management System (CMS)?

In order for Partners In Housing to provide you with the best possible service(s), it is necessary for us to collect information about you and your family. This information is entered into a computer program called CMS. CMS allows us to keep track of your information and the services we provide. CMS is used by many Colorado agencies to serve their clients. System administrators for CMS are limited and certified staff at Pikes Peak United Way; Colorado Department of Human Services, Division of Supportive Housing and Homeless Programs; and Mile High United Way.

What You Need to Know Before You Sign

Receipt of services from Partners In Housing is based on agency policy and the requirements of certain funding agencies, and we are obligated to explain these to you.

By law, we must protect the privacy of your information, inform you of your rights, and tell you how we keep your information private.

Exceptions. By law, we are required to report a life-threatening situation to you or others, and/or a suspicion of child abuse or neglect.

What information may be collected about you?

- Your name
- Your date of birth
- Your Social Security Number
- Your gender
- Your race/ethnicity
- Marital status
- Your family members
- Your phone number(s)
- Military veteran status
- Whether or not you have a disability
- Your address
- Type of housing
- Homeless status
- Reasons for homelessness if applicable
- Household income
- Employment information
- Work skills
- Domestic violence history
- Services needed and provided
- Outcomes of services provided
- Medical information, including HIV status, mental health, substance abuse and pregnancy status

Why is the information collected?

- To better determine your needs and the needs of others;
- To track if your needs were met;
- To improve how services are provided;
- To track the number of people in our programs and the services we have provided;
- To determine how many people are homeless, at risk of homelessness, and otherwise in need;
- To find out what services are available and what other services are needed;
- To report back to agencies that provide us funding;
- To obtain new funding for programs that serve homeless person and persons in need; and
- For research purposes on homelessness and other community human services needs.

What happens to your information?

- Your information is given a special code to help us uniquely identify you.
- Security protections are in place to keep your information safe.
- Your information cannot be seen by any other agencies that use CMS without your permission.
- Only the agency entering the information and the system administrators can see your information.
- The system administrators will prepare reports to show the number of people in need of services and gaps in available services. Personal information that could be used to tell who you are will never be used for these reports. Your personal information is **not** provided to the federal government or to any source not named in this document.
- Your information will not be used for any other purposes without your written consent.
- Your information will be kept for a minimum of seven (7) years after you stop getting services.

What are the risks?

While security protections have been put into place to keep your information safe; it is not possible to guarantee the absolute safety of the data contained in your records.

What are your rights?

- You have the right to ask about any information requested.
- You have the right to ask for information about who has seen your information.
- You may change your release authorization at any time.
- You have the right to see your information and change it if isn't correct.
- You have the right to file a grievance. If you believe that your privacy has been violated, send your grievance in writing to:

Pikes Peak United Way
518 North Nevada Avenue
Colorado Springs, Colorado 80903
Attn: Community Information Systems Manager

There will be no punishment against you if you file a complaint. You can obtain a grievance form from any CMS agency or from Pikes Peak United Way.

The System Administrator may make changes to this agreement from time to time. Any changes that affect your privacy will need your approval and permission. The System Administrator will provide a 90-day notice to all service providers and hold one public meeting to make public any changes. Your case manager will make a reasonable attempt to contact you and to give you an opportunity to review those changes and/or you will have the opportunity upon your next visit to the agency.

Contact Information: If you have any questions about The Pikes Peak Region Comprehensive Client Management System, or any questions about your rights or the information contained in this form, please call the Community Information Systems Manager, Pikes Peak United Way, at 719-955-0749. Office hours are Monday through Friday, 8 a.m. to 5 p.m. Voice mail may be left after office hours

Pikes Peak Region Comprehensive Client Management System
Client Release Authorization

I have received the Pikes Peak Region Comprehensive Client Management System (CMS) Privacy Policy and Client Information Disclosure and my questions have been answered. It has been explained to me that **Partners In Housing** will collect information about me and/or my family to help it provide me with the best possible services. By signing this form I am allowing this agency to put my information into the Pikes Peak Region Comprehensive Client Management System (CMS).

The following items have been explained to me and my questions have been answered:

- I understand that the information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.
- I understand that the receipt of services is based on agency policy and the requirements of certain funding agencies.
- I understand that this written consent allows **Partners In Housing** to collect (in writing or direct input), enter, see, and update information about my family and myself in the CMS.
- I understand that **Partners In Housing** and the CMS system administrators will never give information that can be used to tell who I am to anyone outside the agency without my written consent or as required through a court order.
- I understand that I may sign a written request to change my release authorization at any time.
- I understand that this release is valid for seven (7) years after the last time I receive services from the agency.
- I understand that I have the right to see my CMS record, ask for changes to the information that it contains, and to have a copy of the information contained in my CMS record from the above named agency by written request.
- I understand that the confidentiality of my records is protected by law.

Client Release Authorization (choose one option):

_____ My information can be used by **Partners In Housing** and for community reporting purposes.

OR

_____ My information can be used by **Partners In Housing** only.

SIGNATURE OF CLIENT OR GUARDIAN

DATE

PRINTED NAME OF CLIENT OR GUARDIAN

SIGNATURE OF AGENCY WITNESS

DATE

The following children under 18 and/or adult dependents are covered by this Client Release Authorization.

_____ NAME	_____ AGE	_____ RELATIONSHIP TO CLIENT
_____ NAME	_____ AGE	_____ RELATIONSHIP TO CLIENT
_____ NAME	_____ AGE	_____ RELATIONSHIP TO CLIENT
_____ NAME	_____ AGE	_____ RELATIONSHIP TO CLIENT
_____ NAME	_____ AGE	_____ RELATIONSHIP TO CLIENT
_____ NAME	_____ AGE	_____ RELATIONSHIP TO CLIENT

**STATE OF COLORADO
 DIVISION OF PROPERTY TAXATION
 DEPARTMENT OF LOCAL AFFAIRS**

DECLARATION OF HOMELESS/ABUSED STATUS AND INCOME
(TO BE COMPLETED BY RESIDENT AND RETURNED TO BUILDING MANAGER)

INSTRUCTIONS:

This form is necessary for the owner of your apartment or residency to obtain exemption from property tax assessment against your unit. Please complete Sections I, II, and III and return this form along with a copy of any Federal Income Tax return you were required to file, to your building manager. If two residents live in the unit and filed jointly with the IRS, both residents may be listed on one form. Resident filing separately with the IRS must complete a separate Declaration form.

SECTION I: HOMELESS OR ABUSED STATUS

- A. List each person who resided in this unit on January 1st. If you are claiming to be "Homeless," read the following definitions of homeless, and choose the letter that best describes your situation immediately prior to occupying the residence. In addition, describe your specific circumstances below.
- (A) Staying in an emergency temporary shelter for the homeless.
 - (B) Staying in a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
 - (C) At imminent risk of homelessness because I faced immediate eviction and was unable to identify an alternative residence.
 - (D) Released from an institution for the handicapped or disabled, and was unable to identify an alternate residence.
 - (E) Resided in a homeless shelter during the 6 months prior to moving into this facility.
- B. If you are claiming to be "Abused," were you or a member of your immediate family who resides with you in this unit physically, mentally and/or emotionally injured immediately prior to occupying this residence and do you and your family reside at this facility because of this abuse? Please answer YES or NO and describe your specific circumstances below.

UNIT #	NAME & ADDRESS of RESIDENT	HOMELESS? A, B, C, D or E	ABUSED? Y or N	DEPENDENTS INCLUDED IN INCOME CALCULATION
_____	_____	/	_____	_____
_____	_____	/	_____	_____
_____	_____	/	_____	_____
_____	_____	/	_____	_____
Explanation of homeless or abused status:				

SECTION II: CALCULATION OF GROSS INCOME

If your building manager has not completed Subsection A, you must complete either Subsection B, C, D, or E in order to calculate your total actual income received for the last calendar year. If you did not file a federal income tax return, you must complete Subsection B. If you filed a federal income tax return, and you must attach a copy of your IRS return to this Declaration form.

SECTION III: SIGNATURE AND VERIFICATION

I (we) declare under penalty of perjury in the second degree that I (we) have examined this statement, and to the best of my (our) knowledge and belief, it is true, correct and complete.

 Signature

 Date

 Co-Signature

 Date

RESIDENTS: Return this completed form to your building manager, along with a copy of any Federal Income Tax return you were required to file.

BUILDING MANAGER: These forms are to be compiled and listed on the "List of Occupants."

**FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION**

Disclosure: In order to evaluate your application for Partners In Housing's self-sufficiency program or, if accepted, to assist management with decisions, Partners In Housing may obtain consumer reports, investigate consumer reports and criminal history records check regarding you. These reports are any information from a consumer reporting agency bearing upon your credit history, character, reputation, personal characteristics, medical information, or mode of living which is used or collected for the purpose of informing any decision regarding your prospective or actual program relationship.

You have certain rights regarding these reports and their use as defined under the Fair Credit Reporting Act and as summarized in "A Summary of Your Rights under the Fair Credit Reporting Act" which has been provided to you.

Authorization: I voluntarily authorize Partners In Housing to obtain consumer reports, investigative consumer reports and criminal history records check about me in order to make informed decisions regarding my proposed or actual program relationship with Partners In Housing. The information obtained may include medical information. I acknowledge that I have rights under the Fair Credit Reporting Act including those discussed in "A Summary of Your Rights under the Fair Credit Reporting Act" which I have received and reviewed.

Printed Name

Date

Social Security Number

_____ Male Female
Date of Birth

Drivers License # State

Maiden Name/Alias

Signature

Other Aliases

AGENCY COPY

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

Disclosure: In order to evaluate your application for Partners In Housing's self-sufficiency program or, if accepted, to assist management with decisions, Partners In Housing may obtain consumer reports, investigate consumer reports and criminal history records check regarding you. These reports are any information from a consumer reporting agency bearing upon your credit history, character, reputation, personal characteristics, medical information, or mode of living which is used or collected for the purpose of informing any decision regarding your prospective or actual program relationship.

You have certain rights regarding these reports and their use as defined under the Fair Credit Reporting Act and as summarized in "A Summary of Your Rights under the Fair Credit Reporting Act" which has been provided to you.

Authorization: I voluntarily authorize Partners In Housing to obtain consumer reports, investigative consumer reports and criminal history records check about me in order to make informed decisions regarding my proposed or actual program relationship with Partners In Housing. The information obtained may include medical information. I acknowledge that I have rights under the Fair Credit Reporting Act including those discussed in "A Summary of Your Rights under the Fair Credit Reporting Act" which I have received and reviewed.

Printed Name

Date

Social Security Number

Date of Birth Male female

Drivers License # State

Maiden Name/Alias

Signature

Other Aliases

APPLICANT COPY

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 14 U.S.C. 1681-1681 u et seq., at the Federal Trade Commission’s web site (<http://www.ftc.gov>) The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a stated attorney general to learn these rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source must also advise national CRAs – to which it has provided the data – of any error). The CRA must give you a written report of the investigation, and a copy of the report, if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is altered or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated or cannot be verified.** If your dispute results in any change in your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate information items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You can choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free number for you to call if you want your name and address excluded from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violated the FCRA, you may sue them in state or federal court.

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