

**SUPPORTIVE HOUSING
PRE-APPLICATION INTAKE FORM**

Area of Preference: Lima Ola ('Ele'ele) _____ Kealahou (Lihue) _____

(May choose one or both area of preference, if none is selected applicant will be placed on both)

OFFICE USE:

DATE & TIME RECEIVED: _____

APPLICANT INFORMATION

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

Social Security No.: _____ D.O.B.: _____ Sex: _____

Currently Residing: _____

Mailing Address: _____

Telephone No.: _____ Email: _____

Disabled: ____Y ____N Household Size: _____

Preference (Please select one):

- ____ Homeless Families with minor children including expectant mothers
- ____ Homeless households who are victims of Domestic Violence
- ____ Homeless Kupuna 62 years or older
- ____ Homeless individuals

HOUSEHOLD INFORMATION

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. For the line marked Disability", if a household member is disabled use "Yes" or "No". List relationship of each person to the Head of Household in Part 1 above. For example, use "son", "daughter", "grandchild", "spouse", "co-head", "other", etc. Use the back of this form if you need additional space, but be sure to include all the required information.

First Name	Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship

Unit size will be dependent on the size of the family

FAMILY EMPLOYMENT, INCOME & ASSETS

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, Social Security, SSI, welfare, child support, unemployment, self-employment or any other sources. Include payments made to family members age 18 or older on behalf of other family members. Use actual figures as close as possible. You do not need to submit verification documents at this time but will be required to submit should you be selected from the waitlist if your name is called. Use the back of this form if you need additional space but be sure to include all the required information.

PLEASE COMPLETE INCOME SECTION, IF NO INCOME PLEASE LIST NONE.

Employment / Benefit Type	Gross Income (before taxes)	How Often (Weekly, Bi-Weekly, Etc.)	Name & Address

ASSETS:

Type of Asset	Cash Value of Asset	Annual Income Received from Asset
Checking Account(s)		
Savings Account(s)		
Stocks, Bonds, CDs, Investments		
Real Estate		
Retirement IRA/401K		
Other		

OTHER SERVICES

If you or any member in your household have applied for or in need of any of these services listed, please complete the chart below:

SERVICE	YES	NO	IF YES, EXPLAIN
Housing Choice Voucher Program			
Emergency Housing Voucher			
Catholic Charities			
Family Life Center			
Kaua'i Economic Opportunity Inc. (KEO)			
YWCA of Kaua'i			

By signing and dating this form, I acknowledge this is not guaranteed, and is dependent on a review of my eligibility and program Preferences. I certify that the information provided is true and complete to the best of my knowledge and belief. Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly making false statements or misrepresentation to any department or agency of the United States.

Additionally, by signing and dating this form, I authorize the referring agency listed below to contact, verify, work with and advocate on my behalf.

Print Name	Signature	Date

Print Name	Signature	Date

OUTREACH CERTIFICATION (IF COMPLETED BY STREET OUTREACH WORKER)

NAME: _____	AGENCY: _____
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Signature: _____	Date: _____
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Has Client been entered into HMIS: _____ Yes _____ No If yes, HMIS CL ID #: _____