



SUPPORTIVE HOUSING PROGRAM
CUSTOMER APPLICATION

"In Partnership with the County of Lycoming"

Which SHP level are you applying for? TIER I _____ TIER II _____

Applicant's Name and address with ZIP code

Home Phone _____ Work or Message Phone _____ Cell Phone _____

I certify that this property is my primary home. *Please initial: _____

HOUSEHOLD COMPOSITION:

Please list all members of your household – including yourself:

NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Gender: Male _____ Female _____

Ethnicity (optional): White _____ Black _____ Hispanic _____ Other _____

Are you the Head of Household? Yes _____ No _____

Total number of persons living in the home: _____

Does a household member have a permanent physical, mental, or emotional disability? Yes _____ No _____

Does this disability limit access to and use of the dwelling unit? Yes _____ No _____

****The disability will require verification by a certified/licensed professional and/or by other governmental source. (Paperwork for verification of disability will be sent to you by our office)**

****For homes that have children six years of age and under.**

Were the children ever tested for lead poisoning? _____

If **yes**, do any of the children have elevated blood levels? _____

INCOME INFORMATION:

HUD defines income as money or nonmonetary sources which go to the family or are provided on behalf of the family, head or spouse or to any other family member, or that is anticipated to be received from a source outside the family during the 12-month period following this application.

Please list each person in the household who is receiving any source of income

Sources of Income include: Net wages from employment or self-employment, income after business deductions, welfare/ cash assistance, Social Security, SSI, unemployment, workers' compensation, strike benefits, VA benefits, alimony, pension and annuity payments, training allowances and income from rent, estate, royalties, dividends and interest and child support.

NAME OF PERSON	LIST SOURCE(S) OF INCOME	Amount Received After Deductions
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ACTIONS TAKEN (OR PLANNED) BY YOU OR YOUR REFERRAL PARTNER TO RESOLVE YOUR PROBLEM:

RESIDENCE INFORMATION:

Are you currently homeless? Yes _____ No _____

If Yes, are you registered with the 211/Coordinated Intake? _____

If not homeless, please answer the following:

Type of dwelling: Single Family _____ Duplex _____ Apartment _____ Condominium _____

Manufactured/Mobile Home _____ If a mobile home, do you also own the property? Yes _____ No _____

Do you receive Subsidized, Section 8, or HUD Housing? Yes _____ No _____

How long have you lived at your current address? _____

If less than 1 year, what is your previous address? _____

What do you currently pay for your rent/mortgage? _____

Are you behind on your rent/mortgage? Yes _____ No _____ If yes, how far behind? _____

If Mortgage, do you owe back taxes? Yes _____ No _____ If Yes, how much? _____

Do you currently have an eviction notice? Yes _____ No _____

Was your residence constructed/manufactured **prior to 1978**? Yes _____ No _____

Regarding your current residence, which of the following documents do you possess?

Deed, Mortgage, Article of Agreement: _____

Rental Agreement _____

Other _____

Do you currently have?

Homeowner's insurance? Yes _____ No _____

Flood insurance? Yes _____ No _____

Renter's insurance? Yes _____ No _____

Name, address and telephone number of your Landlord (if applicable):

Name, address and telephone number of your Mortgage Holder (if applicable):

YOUR ADDITIONAL NEEDS — beyond rental assistance, security deposit assistance, utility assistance:

YOUR SIGNATURE BELOW REPRESENTS AGREEMENT TO THE FOLLOWING:

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to a Department or agency of the United States as to any matter within its jurisdiction.

I certify that the information I have provided is complete and true to the best of my knowledge. I understand that omission of pertinent information and willful or serious misrepresentation in the application procedure can result in my ineligibility for participation in STEP's Supportive Housing Programs.

I understand that in signing this application, I authorize STEP, Inc. to obtain verification of the above information for the processing and approval of my eligibility for STEP's Supportive Housing Program.

I have listed above the total current income received by every member of my household.

I have read the application packet and understand the materials provided explaining the eligibility criteria and objectives of the applicable programs.

Application and Release of Information Signature

The information provided in this application packet is complete and accurate to the best of my ability. I authorize STEP, Inc. to exchange, with other agencies and STEP programs, any information that is pertinent to the delivery of services requested. A photostatic copy of this authorization shall be considered valid.

APPLICANT/OWNER/TENANT: _____ DATE: _____

Signature of Applicant _____

CO-APPLICANT/OWNER/TENANT: _____ DATE: _____

Signature of Co-Applicant _____

REFERRAL PARTNER—Applicant’s sponsoring agency

Agency _____

Primary Contact Person: _____

Address: _____

Length of time involved with this agency: _____

Are you willing to continue working with this client in partnership with STEP, Inc.? Yes _____ No _____

REFERRAL PARTNER: _____ DATE: _____