



**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 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: Gross 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 (monthly amount received)

ACTIONS TAKEN (OR PLANNED) BY YOU OR YOUR REFERRAL PARTNER TO RESOLVE YOUR PROBLEM:

REFERRAL PARTNER—Applicant’s sponsoring agency

Agency \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Length of time involved with this agency: \_\_\_\_\_

## 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 \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

What do you currently pay for your rent/mortgage? \_\_\_\_\_

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

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):

\_\_\_\_\_

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**YOUR SPECIFIC NEED**—rental assistance, security deposit assistance, utility assistance, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_ DATE: \_\_\_\_\_