



SUPPORTIVE HOUSING PROGRAM
CUSTOMER APPLICATION

"In Partnership with the County of Lycoming"

Applicant must complete STEP General Registration, Household form, Service Assessment, and provide proof of income and signed lease or mortgage statement. If an applicant does not provide all required information, eligibility determination will not occur until all documents are received.

Applicant's Name: _____

Address with ZIP code: _____

Home Phone _____ Work Phone _____ Cellphone _____

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

HOUSEHOLD COMPOSITION:

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 _____

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. Please provide a copy of each form 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 (weekly/biweekly/monthly)

Please share what circumstances occurred outside of your control and why you are now in need of assistance:

Actions taken (or planned) by you or your referral partner (if Tier II) to resolve the current situation you are seeking assistance for:

RESIDENCE INFORMATION:

Are you currently homeless? Yes _____ No _____

If experiencing homelessness, please answer the following:

Are you registered with the 211/Coordinated Intake? _____

What caused you to be homeless or in a shelter: _____

How long have you lived at your current address? _____ months/years

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

If you are not experiencing homelessness, please answer the following:

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

How long have you lived at your current address? _____ months/years

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 a mortgage, do you owe back taxes? Yes _____ No _____ If yes, how much? _____

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

Do you currently have a shut off notice for utilities (water, gas, or electric)? Yes _____ No _____

If yes, please supply the following information:

Provider Information: _____

Date of Shut Off: _____

Account Number: _____

Please explain what caused you to fall behind on your rent or mortgage: _____

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 of Landlord or Mortgage Holder: _____

Address of Landlord or Mortgage Holder (please include city, state, and zip): _____

Telephone number of your Landlord or Mortgage Holder: _____

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

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

Please proceed to next page for signatures and referral information (if applicable).

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.

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—Tier 2 applicant only. Please have applicant's sponsoring agency complete.

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: _____