



**PARTICIPANT INFORMATION**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date of Birth**(month/date/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:**  Male  Female  Other **US Citizen:**  Yes  No **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Race/Ethnicity:**  White/Anglo  Black/African-American  Hispanic(any race)  Asian  
 Am. Indian/Alaska Native  Hawaiian/Pacific Islander  Other \_\_\_\_\_

**Marital Status:**  Single  Married  Widowed(er)  Separated/Divorced

**State Issued ID#:** \_\_\_\_\_ **State that issued ID:** \_\_\_\_\_ **ID Expiration:** \_\_\_\_\_

**What other name(s) have you used?** \_\_\_\_\_ **Last known Zip:** \_\_\_\_\_

**Have you been continuously homeless for a year or more?**  Yes  No

**How many episodes of homelessness have you had in the past 3 years?**  Less than 4  At least 4

**Current Housing Situation:**  Renting  Stay with friends/family  Shelter (homeless/DV)  
 Section 8, Public Housing  Motel/Hotel – self-paying  Yes  No

List all housing support services you have received in the past 12 months:

Emergency/DV Shelter  Transitional Housing  Rapid Re-Housing  Section 8, Public Housing

Circumstances that caused your homelessness (check all that apply)

<input type="checkbox"/> Alcohol/Substance Abuse	<input type="checkbox"/> Job Loss	<input type="checkbox"/> Lack of Job Skills
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Eviction/Foreclosure	<input type="checkbox"/> Family Violence
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Lack of Support	<input type="checkbox"/> Lack of Education
<input type="checkbox"/> Family Crisis/Break-up	<input type="checkbox"/> Lack of Childcare	<input type="checkbox"/> Medical Costs
<input type="checkbox"/> Illness/Health Problems	<input type="checkbox"/> Displacement/lost temp living	<input type="checkbox"/> Conviction(misdemeanor/felony)

**What is your gross monthly household income \$\_\_\_\_\_ (per month)**

**How many people reside in your household?** \_\_\_\_\_# of adults \_\_\_\_\_# of dependent children

**Are you employed?**  YES Job Title \_\_\_\_\_ Hours/week \_\_\_\_\_ Wage per hour \_\_\_\_\_

Employer: \_\_\_\_\_  FT  PT Work Schedule \_\_\_\_\_

**Are you currently receiving any of the following employment benefits?**

Health Insurance/Medical  Retirement  Paid Leave (sick/vacation)

NO How long unemployed? \_\_\_\_\_ Last month/year worked \_\_\_\_\_

Reason for no employment: \_\_\_\_\_



Please indicate all sources of household income with amounts:

Child Support \$ \_\_\_\_\_ TANF \$ \_\_\_\_\_ SNAP \$ \_\_\_\_\_  
 SSI \$ \_\_\_\_\_ SSDI \$ \_\_\_\_\_ VA \$ \_\_\_\_\_  
 P/T Employment \$ \_\_\_\_\_ F/T Employment \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_ Worker's Comp \$ \_\_\_\_\_  
 Spousal Support \$ \_\_\_\_\_ Relatives, partners or friends \$ \_\_\_\_\_

Please indicate the highest level of education completed:

<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> 9 <sup>th</sup> grade	<input type="checkbox"/> 10 <sup>th</sup> grade
<input type="checkbox"/> 11 <sup>th</sup> grade	<input type="checkbox"/> HS Diploma/GED	<input type="checkbox"/> Some college
<input type="checkbox"/> College graduate / Degree:		
<input type="checkbox"/> Professional Certificate - Type? (CDL/CAN/CMA)		

Have you served active duty in the U.S. Military?  Yes  No

**FINANCIAL INFORMATION**

Do you have a car payment?  No  Yes Monthly payment amount? \_\_\_\_\_ Payoff amount? \_\_\_\_\_

Registration current  No  Yes Insurance current?  No  Yes

Do you have a savings account?  No  Yes Approximate amount? \_\_\_\_\_

Do you have a checking account?  No  Yes Approximate amount? \_\_\_\_\_

Name of financial institution/credit union? \_\_\_\_\_ Do you owe them money?  No  Yes

Do you own a retirement fund (401K), stocks, bonds?  No  Yes

Do you have any past due bills?  No  Yes If Yes, check all that apply:

- Rent
- Mortgage
- Utilities (water, gas, electric)
- Phone
- Medical Bills
- Credit Cards
- Student Loans
- Car Payment

How often do you use a monthly budget to track and plan your expenses?

- Rarely or never
- Sometimes
- Most of the time
- All the time

Last time you paid rent/mortgage \_\_\_\_\_ How much was it? \_\_\_\_\_ (monthly)

**Total Housing Debt (only housing)**

<input type="checkbox"/> No debt	<input type="checkbox"/> \$3,001 - \$5000	<input type="checkbox"/> \$10,001 - \$12,000	<input type="checkbox"/> \$17,001 - \$20,000
<input type="checkbox"/> \$1,000 or less	<input type="checkbox"/> \$5001 - \$7,000	<input type="checkbox"/> \$12,001 - \$15,000	<input type="checkbox"/> \$20,001 or more
<input type="checkbox"/> \$1,000 - \$3,000	<input type="checkbox"/> \$7001 - \$10,000	<input type="checkbox"/> \$15,001 - \$17,000	

Evictions?  No  Yes List Dates of all Evictions? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you ever had a Housing Authority Voucher?  No  Yes If yes, when? \_\_\_\_\_

What happened that you no longer have the voucher? \_\_\_\_\_



Do you have an outstanding balance with the Housing Authority?  No  Yes

If yes, amount you owe? \$ \_\_\_\_\_ City, State? \_\_\_\_\_

How much do you owe in other debts (such as credit cards, car payments, student loans, etc)

<input type="checkbox"/> No debt	<input type="checkbox"/> \$3,001 - \$5000	<input type="checkbox"/> \$10,001 - \$12,000	<input type="checkbox"/> \$17,001 - \$20,000
<input type="checkbox"/> \$1,000 or less	<input type="checkbox"/> \$5001 - \$7,000	<input type="checkbox"/> \$12,001 - \$15,000	<input type="checkbox"/> \$20,001 or more
<input type="checkbox"/> \$1,000 - \$3,000	<input type="checkbox"/> \$7001 - \$10,000	<input type="checkbox"/> \$15,001 - \$17,000	

In the past 6 months have you or a member of your household?

Received an eviction or foreclosure notice?  No  Yes

Obtained a Payday Loan or Title Loan?  No  Yes

Gone without medicine, medical or mental health care because you could not afford it?  No  Yes

List All Household Members (including self, partner, children)									Disabilities					
									Check all that apply					
First Name	Last Name	Birth Date	*Race	Gender	F/T Student	**Ethnicity	Domestic Violence Survivor (yes or No)	Veteran (current /former military)	Chronic Substance Abuse	Physical Disability	Development Disability	Mental Health	Chronic health Condition	HIV/AIDS

\***Race:** White (W) ; Black (B); Asian (A); American Indian or Alaska Native (I); Native Hawaiian or other Pacific Islander (H); Other (O)

\*\* **Ethnicity:** Hispanic (H) or Non-Hispanic (N)

What is the overall condition of your physical health?  Good  Fair  Poor

Have you ever been diagnosed with, or treated for an emotional condition such as major depression, anxiety, bipolar, schizophrenia, or any other mental health issue?  No  Yes

Currently receiving services?  No  Yes

Any past or current episodes of family or domestic violence?  No  Yes

1 - 3 months ago  4 - 6 months ago  7 - 12 months ago  more than a year ago

**If domestic or family violence has occurred, where is your abuser?**



Is anyone pregnant in the household?  No  Yes If yes, who? \_\_\_\_\_

Have you ever been treated or need to be treated for alcohol or illegal substances?  No  Yes  
 If yes, are you currently receiving services?  No  Yes Check all that apply:

- |                                   |                                       |  |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Alcohol  | <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Barbiturates        |
| <input type="checkbox"/> Cannabis | <input type="checkbox"/> Cocaine      | <input type="checkbox"/> Designer/Synthetics |
| <input type="checkbox"/> Heroin   | <input type="checkbox"/> Methadone    | <input type="checkbox"/> Other _____         |

- Do you have legal custody for all children in household?  No  Yes  N/A
- Do you share custody for any children in household?  No  Yes  N/A
- Do you need assistance with childcare for children age 0-5?  No  Yes  N/A
- Do you have an open CPS case?  No  Yes  N/A

If yes, please list:

Full Name	Gender	Age

Why are the children listed above not in your custody? \_\_\_\_\_

Do you have plans to gain custody?  No  Yes If yes, when? \_\_\_\_\_

Plan of action to gain custody: \_\_\_\_\_

List children that you plan to gain custody: \_\_\_\_\_

Do all school-age children attend school regularly?  No  Yes

Are all children in their current grade?  No  Yes

**Obtainable Goals that can be achieved within 12 months. Check all that apply**

<p><b>Education</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain High School Diploma or GED</li> <li><input type="checkbox"/> Enrollment in College or other training</li> <li><input type="checkbox"/> Improve math or reading skills</li> <li><input type="checkbox"/> Make progress in current education</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Retain/Advance in job</li> <li><input type="checkbox"/> Improve work skills</li> <li><input type="checkbox"/> Have more flexible hours</li> <li><input type="checkbox"/> Increase working hours per week</li> <li><input type="checkbox"/> Obtain employment benefits (health insurance, etc)</li> </ul>	<p><b>Financial Stability</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Use a budget to improve paying bills on time</li> <li><input type="checkbox"/> Open or use a checking or savings account</li> <li><input type="checkbox"/> Obtain Health Care</li> <li><input type="checkbox"/> Leave Public Assistance</li> <li><input type="checkbox"/> Own reliable transportation</li> <li><input type="checkbox"/> Spend within my limits</li> <li><input type="checkbox"/> Reduce/eliminate debt</li> <li><input type="checkbox"/> Reduce use of payday loans</li> <li><input type="checkbox"/> Reduce use of check cashing services</li> <li><input type="checkbox"/> Increase tax refund/savings</li> <li><input type="checkbox"/> Purchase a home</li> </ul>
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Increase salary or hourly wages

Find out my credit score

I am interested in finding out if I am eligible for:

Applying for public benefits such as food stamps, disability income, Temporary Aid to Needy Families (TANF), Children's Health Insurance Program (CHIP), or others

Other \_\_\_\_\_

Please explain why would be successful in this program?

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Please list two individuals with whom you are acquainted with that can serve as a character reference as well as an employment reference when applying for jobs. As with an employment application, please do not list anyone related to you.

1. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State/Zip code



## Shared Housing Center Release of Information

I, \_\_\_\_\_, hereby authorize the release of personal information to Shared Housing Center by all sources as Shared Housing Center may deem appropriate in order to establish and verify my eligibility for admission and continued occupancy under its housing programs.

This includes the release of all information from applicable federal, state, and local agencies, as well as past or present social service agencies (including other transitional housing programs), treatment facilities for chemical dependency, previous landlords, and physicians and medical institutions which may possess pertinent information requested by the staff of Shared Housing Center. This release includes but not limited to all branches of the U.S. Department of Health & Human Services, Social Security Administration, Veteran's Administration, as well as State, County and City departments of Human Services/Housing and associated agencies.

Any party may rely on a signed photocopy of this release accompanied by a signed request from Shared Housing Center staff stating the specific information needed. This consent expires one (1) year from the date signed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

## PURPOSE FOR DATA COLLECTION

This agency collects personal information directly from you in order to provide services. We may be required to collect some demographic (personal) information by law or by organizations that give us money to operate this program. Other information collected is important to run our programs, improve services for homeless persons, and to better understand the needs of homeless persons. For HUD funded programs, we are required to report demographics into an electronic data collection system. Your information is protected by highly advanced encryption and is for HUD funding purposes only.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## FELONIES OR MISDEMEANORS

Please list any Felonies or Misdemeanors that you have been charged with during the past 15 years. Indicate the date of offense and the sentence or ruling. Please include all offense committed in Texas as well as any other state you have resided. This includes outstanding tickets and/or probation. FAILURE TO NOTIFY THIS OFFICE OF ALL CHARGES WILL BE CAUSE FOR REJECTION OF YOUR HOUSING PROGRAM APPLICATION.

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I, \_\_\_\_\_ certify that the above statements are true and complete. I understand that misrepresentation or omission of crimes is grounds for rejection of my housing program application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature / Date

## USDA & TDHS POLICY

Shared Housing Center operates in accordance with the US Department of Agriculture and Texas Department of Human Services policy, which prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usdagov/complaint\\_filing\\_cust.html](http://www.ascr.usdagov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.