



# Universal Housing Application

<b>ONE System ID:</b>	
-----------------------	--

Section 1. Basic Information [to be completed by Client/Staff]				
<b>Client's Full (Legal) Name:</b>				
<b>Client's Preferred Name:</b>				
<b>Phone No.</b>		<b>Email:</b>		
<b>Current Mailing Address:</b>				
Street	Unit No.	City	State	Zip Code
<b>Current Residence: (if different from above)</b>				
Street	Unit No.	City	State	Zip Code
<b>Gender:</b>				
<b>Pronouns: (ex: she/her/hers)</b>				
<b>Marital Status: (select only one)</b>				
<input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Married		<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		

<b>Language(s) spoken:</b>		
<b>Do you need an interpreter?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Do you need help to complete the application?</b> <i>If, YES, please describe:</i>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Are you requesting a reasonable accommodation for your housing unit?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

**For Staff Use Only:** under the Fair Housing Act a reasonable accommodation is defined as “a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with disabilities to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces, or to fulfill their program obligations.” Refer to the glossary for additional detail. If the Client is requesting a reasonable accommodation (including service/support animal(s), please complete and attach:



<b>Attachment 1:</b> Reasonable Accommodation(s) Questionnaire	<input type="checkbox"/> attached
A letter from a reliable third party verifying the disability for which a reasonable accommodation is being requested. <b>Note:</b> "A doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may also provide verification of a disability". <sup>1</sup>	<input type="checkbox"/> attached

<b>Do you have any pets that are not considered to be service or support animals? <i>Note: refer to definitions in glossary. If, YES, please include the following information for each pet:</i></b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:	Breed:	Weight:	Age:	Sex:
Spayed/neutered?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:	Breed:	Weight:	Age:	Sex:
Spayed/neutered?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

<sup>1</sup> Source: <https://www.hud.gov/sites/documents/huddojstatement.pdf>



Section 2. Household Composition [to be completed by Client/Staff]								
	Name (First, Middle, Last):	Relationship to the Head of Household/ Primary Applicant:	Last 4 of SSN (leave blank if no SSN provided):	Date of Birth (MM/DD/YYYY):	Age:	Gender:	Disability (Y/N):	Student (Y/N):
Head of Household/ Primary Applicant:		SELF						
Additional Family Members (who will be residing with you):								
Is there a personal care attendant that will be residing in the unit?							<input type="checkbox"/> Yes	<input type="checkbox"/> No



Section 3. Identity Verification [to be completed by Client/Staff]								
	Name (First, Middle, Last):	Photo Identification		Social Security #		Citizen/Legal Resident Status		Uploaded in the ONE System?
		Issuer and ID#	Expiration Date	Number	Document Provided (Y/N)	Document Provided (Y/N)	Expiration Date	
Head of Household/Primary Applicant:								<input type="checkbox"/>
Additional Family Members:								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Identification Required [For Staff Only]						
Checklist(s):		1 - Photo Identification		2 - Social Security #		3 - Citizen/Legal Resident Status
1	Continuum of Care	√	<u>OR</u>	√	<u>OR</u>	√
2	General Fund/LOSP	√	<u>AND</u>	√		
3	HUD 202/Section 8 PBV	√	<u>AND</u>	√	<u>AND</u>	√
4	MHSA-FSP	√	<u>OR</u>	√		
5	HSH Fund (formerly Care Not Cash)	√				
6	LIHTC - TCAC	no additional requirements				



<b>Section 4. Certifications [STOP – do not complete this section until requested by Staff]</b>		
Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the possible termination of your housing opportunity.		
Printed Name of Client (Head of Household/Primary Applicant):		Date:
Signature of Client (Head of Household/Primary Applicant):		
Printed Name of Client (second adult):		
Signature of Client (second adult):		Date:
Staff (Printed Name):	Title:	Organization:
Staff (Signature):		Date:
<b>For Staff Use Only:</b> A signature is required from each adult (age 18+) member of the household. If there are more than two (2) adult members of the household, please collect the additional signature(s) on <b>Attachment 2:</b> Additional Signature(s).		
<b>Attachment 2:</b> Additional Signature(s):		<input type="checkbox"/> attached



<b>Section 5. Housing Navigator Information [to be completed by Staff]</b>	
<b>For Staff Use Only:</b> please provide the name and contact information for the Housing Navigator. This should be the individual who will serve as the primary point of contact for the PSH provider during the rehousing process.	
<b>Full Name:</b>	
<b>Preferred Name:</b>	
<b>Preferred Pronouns:</b> <i>(ex: she/her/hers)</i>	
<b>Email:</b>	
<b>Phone #:</b>	

<b>Section 6. For PSH Housing Provider Use ONLY:</b>	
<b>Application received on:</b>	
Date:	Time:
Staff (Printed Name):	Title:
Staff (Signature):	Date:

<b>Section 7. For PSH Housing Provider Use ONLY:</b>
<b>Emergency Contact Information:</b>
Name:
Relationship to Client:
Phone Number: