

# Monroe County Universal Application

## Homeless and Homeless Prevention Programs

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

If you do not have an address, how can we reach you? \_\_\_\_\_

If we need to mail something to you, where should we send it? \_\_\_\_\_

What kind of assistance are you applying for today?

- Security Deposit/Rent Payment – Families First
- Security Deposit/Rent Payment – Couleecap
- Veterans and Families Supportive Services
- Transitional Housing for Veterans – VAF
- Transitional Housing – Brighter Tomorrows (temporary housing)
- Transitional Housing – Sojourner’s Journey (temporary housing)
- Couleecap Transitional Housing - Homeless
- New Hope Permanent Housing – Homeless/Disabled

**HOUSEHOLD COMPOSITION - Adults that live in your household – including yourself**

Names of Persons Over 18	Social Security #	Date of Birth	M/F/Transgender	Race	Ethnicity

**Children that live in your household:**

Names of Person Under 18	Social Security #	Date of Birth	M/F	Relationship	Race

Are you a veteran?  No  Yes If yes, do you have a DD214 Form?  No  Yes Veteran’s benefits?  No  Yes

Are you fleeing a domestic violence situation?  No  Yes

Are you currently homeless?  No  Yes If yes, is this your first time homeless? \_\_\_\_\_

**\*Attach your eviction notice or other documentation of homelessness\***

Do you have a disability?  No  Yes If yes, please describe: \_\_\_\_\_

Do you have a diagnosed mental illness?  No  Yes If yes, please describe: \_\_\_\_\_

Present Landlord (if applicable): \_\_\_\_\_

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

Current Rent: \$\_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Do you have a lease?  No  Yes

Length of time at current residence: \_\_\_\_\_

Are you being evicted?  No  Yes If yes, why? \_\_\_\_\_

Have you ever been evicted?  No  Yes If yes, why? \_\_\_\_\_

Have you ever willfully or intentionally refused to pay rent when it was due?  No  Yes

If yes, why? \_\_\_\_\_

**INCOME INFORMATION:**

Is anyone in the household employed?  No  Yes

Who is employed? \_\_\_\_\_

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Part-Time     Full-Time     Temporary     Permanent

What is your current gross monthly income? \$ \_\_\_\_\_

Who is employed? \_\_\_\_\_

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Part-Time     Full-Time     Temporary     Permanent

What is your current gross monthly income? \$ \_\_\_\_\_

**Please list all sources of income:** (Gross monthly amount) \*Attach copies of current paystubs or bank statement\*

Type of Income	Amount	Type of Assistance	Amount
Child Support		Badger Care	
SSI		WIC	
Social Security		Medicaid	
Wages - Employment		Medicare	
Disability		W-2	
Unemployment		Veteran's Benefits	
Food Share (food stamps)		Child Care Assistance	
Other _____		Other _____	
<b>Total</b>			

Do you receive childcare assistance from W2?  No  Yes If yes, monthly amount. \$ \_\_\_\_\_

Have you received rental assistance from any source in the last 12 months?  No  Yes

If yes, from where? \_\_\_\_\_ Date Received: \_\_\_\_\_

Please explain why you are in need of this assistance: \_\_\_\_\_

**Please include all supporting documents along with: written proof of your loss of income and additional assistance that you have received in the past 12 months. You may be asked for further documentation if requested by the Case Manager.**

I/We certify that the information on this application is correct to the best of my/our knowledge. I/We understand that any misrepresentation or false information provided on this application is reason for the application to be rejected or assistance denied. It is further understood that the completion of this application does not constitute an acceptance for assistance. I/We give the case manager permission to verify all information on this application with the appropriate organizations and agencies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

# BUDGET

Client Name (s) \_\_\_\_\_ Date \_\_\_\_\_ Housing Specialist \_\_\_\_\_

Monthly Income	How Often Paid	Gross Pay	Net Pay	Monthly Net Income
Salary #1				
Salary #2				
Other Income				
Other Income				
TOTAL:				

**MONTHLY FIXED EXPENSES**

	Current Monthly Spending
<b>Housing</b>	
Rent/Mortgage Payment	
Utilities	
Phone/Cell/Pager	
Internet	
TV/Cable	
Water/Sewer/Trash	
Homeowners/Renters Insurance	
Maintenance/Repair Costs	
<b>Total</b>	
<b>Transportation</b>	
Current Car Payment(s)	
Auto Insurance	
Auto Maintenance/Repair	
Gasoline/Parking Expenses	
<b>Total</b>	
<b>Other Monthly Fixed Expenses</b>	
Clothing (Back to school, etc.)	
Day Care	
Education (tuition/supplies/lessons)	
Taxes	
Insurance (health, etc.)	
Medical Expenses (co-pay, prescriptions)	
Other (credit cards, etc.)	
<b>Total</b>	

**MONTHLY FLEXIBLE EXPENSES**

	<b>Current Monthly Spending</b>
Food	
Household Supplies (baby supplies, paper products, bathroom supplies, laundry, etc)	
Entertainment (baby sitters, gambling, movies, sports, books, video games, etc)	
Gifts (holidays, b-days, Xmas, parties, etc).	
Miscellaneous (stamps, allowances, pet supplies, tobacco, alcohol, etc.)	
Other	
<b>Total</b>	

**CLIENT ACTION PLAN/SUMMARY**

	<b>Current Spending</b>	<b>Planned Spending</b>
Monthly Net Income		
Monthly Expenses:		
Housing		
Transportation		
Other Fixed Expenses		
Flexible Expenses		
Creditors		
<b>TOTAL</b>		
<b>Surplus/Deficit</b>		

**RECOMMENDATIONS:**

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