



Do you have a disability?  Yes  No

Is it Long Term?  Yes  No

Alaska Mental Health Trust?  Yes  No

**Notes on Disabilities:**

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**Housing Information**

Current Housing Situation: \_\_\_\_\_

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Do you OWN?  RENT?  Is your rent subsidized?  Yes If Yes, by whom? \_\_\_\_\_

Name/address/phone# of **current** landlord \_\_\_\_\_

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Month/Year you moved in \_\_\_\_\_ Monthly rent/mortgage amount: \$ \_\_\_\_\_

Name/address/phone# of **last** landlord \_\_\_\_\_

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How long at that address? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Are you moving?  Yes  No

What is the **new** address? \_\_\_\_\_

Name/address/phone# of **new** landlord \_\_\_\_\_

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Security Deposit: \$ \_\_\_\_\_

Anticipated move-in date \_\_\_\_\_ Monthly rent amount: \$ \_\_\_\_\_

**Prior Living Situation:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Don't know                        | <input type="checkbox"/> Living with family               | <input type="checkbox"/> Refused                           |
| <input type="checkbox"/> Emergency shelter                 | <input type="checkbox"/> Living with friends              | <input type="checkbox"/> Rents, no subsidy                 |
| <input type="checkbox"/> Foster care/group home            | <input type="checkbox"/> Owns, no subsidy                 | <input type="checkbox"/> Rents, with subsidy               |
| <input type="checkbox"/> Hospital                          | <input type="checkbox"/> Owns, with subsidy               | <input type="checkbox"/> Substance abuse treatment center  |
| <input type="checkbox"/> Hotel/Motel w/o emergency shelter | <input type="checkbox"/> Place not meant for habitation   | <input type="checkbox"/> Transitional housing for homeless |
| <input type="checkbox"/> Jail, prison or juvenile facility | <input type="checkbox"/> Psychiatric hospital or facility | <input type="checkbox"/> Other _____                       |

**Reason for Request/Current Situation**

Utility Shut-Off Notice?  Yes  No Utility Name \_\_\_\_\_ Shut off Date \_\_\_\_\_ Amt Due \_\_\_\_\_

Eviction Notice?  Yes  No If Yes, eviction date \_\_\_\_\_ Acct. # \_\_\_\_\_

**CURRENT SITUATION** due to:  Accident: Type \_\_\_\_\_  Domestic Violence  Substance Abuse Issues  Mental Health Issues  
 Theft  Lost Money  Loss of Job  Public Assistance Cut  Divorce/Separation  Death  Medical Condition  
 Other (be specific) \_\_\_\_\_

How long has this situation lasted? \_\_\_\_\_

What steps have been taken to correct this situation? \_\_\_\_\_  
\_\_\_\_\_

Has this situation occurred before?  Yes  No If Yes, how did you resolve it in the past? \_\_\_\_\_  
\_\_\_\_\_

Have you contacted family or friends to help pay this bill?  Yes  No If Yes, how were they able to help? \_\_\_\_\_  
\_\_\_\_\_

How do you plan to pay your expenses next month? What is your expected income for next month? \_\_\_\_\_  
\_\_\_\_\_

Are you currently on a budget?  Yes  No If no, explain why not \_\_\_\_\_  
\_\_\_\_\_

Have you taken a class in budgeting or training similar to Consumer Credit Counseling Services of Alaska? (phone 279-6501)  Yes  No

**OTHER SERVICES:** Other agencies contacted for assistance and funds/service/supplies received:

Agency \_\_\_\_\_ Received \_\_\_\_\_

Agency \_\_\_\_\_ Received \_\_\_\_\_

Church / Community Affiliations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Income**

	Head of Household	Spouse/Partner	Date A-Applied/R-Received
ATAP/Public Assistance	\$ _____ /month	_____ /month	_____
Earned Income	\$ _____ /month	_____ /month	_____
Unemployment Insurance	\$ _____ /month	_____ /month	_____
Social Security Retirement	\$ _____ /month	_____ /month	_____
Social Security (SSI)	\$ _____ /month	_____ /month	_____
Social Security Disability (SSDI)	\$ _____ /month	_____ /month	_____
Veterans Disability	\$ _____ /month	_____ /month	_____
Alaska Disability	\$ _____ /month	_____ /month	_____
Annuities/Private Pensions	\$ _____ /month	_____ /month	_____
Senior Benefits Program	\$ _____ /month	_____ /month	_____
Alimony/Child Support	\$ _____ /month	_____ /month	_____
Other _____	\$ _____ /month	_____ /month	_____
Native Corporation Dividend	\$ _____ /as distributed	_____ /as distributed	_____
Permanent Fund Dividend	\$ _____ /as distributed	_____ /as distributed	_____
Income Tax Refund	\$ _____ /as distributed	_____ /as distributed	_____

**Non-Cashable Income**

Food Stamps	\$ _____ /month
Denali KidCare	\$ _____ /month
Medicaid	\$ _____ /month
Medicare	\$ _____ /month
W.I.C.	\$ _____ /month
Section 8 Housing/ Rental Assistance	\$ _____ /month
HUD	<input type="checkbox"/>
AHFC	<input type="checkbox"/>
CIHA	<input type="checkbox"/>
Senior	<input type="checkbox"/>
Transitional	<input type="checkbox"/>
<b>Total Non-Cashable Income</b>	<b>\$ _____ /month</b>

<b>Total Monthly Income</b>	\$ _____ /month	_____ /month
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Bank Account - Savings    \$ \_\_\_\_\_ amount    Bank \_\_\_\_\_

Bank Account - Checking    \$ \_\_\_\_\_ amount    Bank \_\_\_\_\_

Other (Investments; Retirement funds)    \$

NOTES

**Regular Monthly Expenses**

Rent/Mortgage	\$ _____ /month	Insurance (Auto/Health)	\$ _____ /month
Utilities	\$ _____ /month	Clothing/Diapers	\$ _____ /month
Transportation Expenses	\$ _____ /month	Cell Phone	\$ _____ /month
Food	\$ _____ /month	Debt	\$ _____ /month
Medical	\$ _____ /month		
Other _____	\$ _____ /month		

<b>Total Monthly Expenses</b>	<b>\$ _____ /month</b>
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**Initial Request for Services/Assistance**

Rent Deposit	\$ _____	Room/Hotel	\$ _____
Rent Arrearage	\$ _____	1st Month's Rent	\$ _____
Utility Deposit	\$ _____	Transportation	\$ _____
Utility Arrearage	\$ _____	Other	\$ _____

Vendor Name/Address/EIN/SSN

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

**TOTAL REQUESTED**    \$ \_\_\_\_\_

## Verification of Information

	ESG	CEA	AWWU
1. Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ADL/State I.D. <input type="checkbox"/> SS Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other			
2. Rental Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sec. 8/or Subsidized Housing			
3. Proof of Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shut-off Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Eviction Notice	<input type="checkbox"/>		
6. Proof of At-Risk Status	<input type="checkbox"/>	<input type="checkbox"/>	
7. Referral Letter	<input type="checkbox"/>		
8. Release of Information (ROI)	<input type="checkbox"/>		

(ESG Only) Matrix Score      Entry \_\_\_\_\_      Exit \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## APPLICANT STATEMENT OF CERTIFICATION

I, \_\_\_\_\_, hereby certify that the above information provided by me is true and completed to the best of my knowledge. I understand that this information is subject to verification at any time by a third party and the provision of false information could leave me subject to the penalties of Federal, State and local law.

I understand that information regarding my current housing and employment status and that of my household may be discussed with other relevant agency and program representatives, and I may receive the same type of information from them to more effectively coordinate case management services and secure needed community services for me and my family, as applicable.

I further understand that information on this application will be entered into the Alaska Homeless Management Information System for purposes of getting an accurate count of persons who experience homelessness. All information is guided by strict standards of confidentiality and a copy of the Privacy Notice is available upon request.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

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**Referred by:** (name of agency,  
emergency shelter & phone number)

**Referred to:** (name of agency,  
emergency shelter & phone number)