



APPLICATION FOR HOUSING ASSISTANCE

Applicant _____ Date of Birth _____ Age _____

Social Security _____ Do you have a social security card? _____ Do you have a picture I.D.? _____

Co-Applicant _____ Date of Birth _____ Age _____

Social Security _____ Do you have a social security card? _____ Do you have a picture I.D.? _____

Applicant's Tel. # _____ **Co-Applicant's Tel. #** _____

Current Address _____ City _____ State _____ Zip Code _____

Previous Address: _____ City _____ State _____ Zip code _____

RELATIONSHIPS: Marital Status: single [] married [] separated [] divorced [] widowed [] partners []

Do you have children? No [] Yes [] If yes, list full name(s), age and date of birth

Full Name of child/Age	D.O.B	Does the child live with you?

PHYSICAL AND MENTAL HEALTH HISTORY:

Applicant: Do you have any health issues? No [] Yes [] If yes, explain: _____

Do you have any physical limitations? No [] Yes [], If yes, explain: _____

Have you ever been diagnosed with a mental or developmental disorder? No [] Yes [] If yes, explain: _____

Medication prescribed	Purpose	Dosage	how often taken:

Who is prescribing medications? (Please provide Physician name & telephone) _____

Last appointment _____ Next appointment: _____

Is there anyone with a medical and/or mental health history in your family? No [] Yes [], If yes, explain: _____

Co-Applicant: Do you have any health issues? No [] Yes [] If yes, explain: _____

Do you have any physical limitations? No [] Yes [], If yes, explain: _____

Have you ever been diagnosed with a mental or developmental disorder? No [] Yes [] If yes, explain: _____

Is anyone taking medications? No [] Yes [] if yes, please list all medications currently taking or attached list
Medication prescribed Purpose Dosage how often taken:

Who is prescribing medications? (Please provide Physician name & telephone) _____

Last appointment _____ Next appointment: _____

Is there anyone with a medical and/or mental health history in your family? No [] Yes [], If yes, explain:

HOMELESS HISTORY:

How long have you been homeless (sleeping in a place not meant for human habitation such as living on the streets)?
OR living in a homeless emergency shelter during the following period(s):

Between _____ and: _____ I lived at _____

EDUCATION:

Applicant - Do you have a High School Diploma/GED? Yes [] No []

If no, explain: _____

Did you continue your education after High School? No [] Yes []

If yes, explain: _____

Co-Applicant - Do you have a High School Diploma/GED? Yes [] No []

If no, explain: _____

Did you continue your education after High School? No [] Yes []

If yes, explain: _____

EMPLOYMENT HISTORY:

Applicant - List employer name/address/telephone: _____

Position: _____ Length of time on job: _____ Salary: \$ _____

Co-Applicant - List employer name/address/telephone: _____

Position: _____ Length of time on job: _____ Salary: \$ _____

FINANCES:

The answers to the following questions are completely confidential. This information will not be released to anyone without your consent. This information is required to determine your ability to pay your Rent and Utilities.

Applicant: Do you have any income? Yes [] No [] What is your source of income? _____
What is the amount? \$ _____ How often do you receive it? _____

Co-Applicant: Do you have any income? Yes [] No [] What is your source of income? _____
What is the amount? \$ _____ How often do you receive it? _____

EXPENSES PAID MONTHLY

Childcare or Child Support Payments	\$	Car Insurance	\$
All Loan(s) other than Car, Real Estate, Mortgage and Student Loans	\$	Medical	\$
Rent, Real Estate & Mortgage Loans	\$	Food	\$
Electric & Water & Gas	\$	Gas (Automobile)	\$
Phone – (Including Cell Phone & Cable)	\$	All Credit Cards	\$
Car Payment(s)	\$	Student Loan(s) Other	\$

LEGAL ISSUES: Applicant [] Co-Applicant []

Have you ever been convicted of a felony or misdemeanor? Yes [] No []
If yes, list the nature of your charges, when & where arrested, time served: _____

Do you have any criminal charges pending? Yes [] No []
If yes, explain: _____

Are you currently on probation? Yes [] No []
If yes, list name & telephone # of probation officer: _____

Do you have any pending court dates? Yes [] No []
If yes, explain: _____

Are you aware of any outstanding warrants? Yes [] No []
If yes, explain: _____

EMERGENCY CONTACTS:

Name _____ Tel. _____ Relationship _____

Name _____ Tel. _____ Relationship _____

ACKNOWLEDGEMENT:

I have read and completed this application thoroughly and understand that if accepted. I fully subject myself to the Terms of Agreement, Program Policy & Procedures, and Rules.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Please print information, do not use white-out.

I _____, the undersigned, hereby authorize

 HEART TO HEART FAMILY SERVICES _____ to release by third party, without liability, information
 (Leave this line blank, agency to complete)

in regards to employment, income, residency, dependency, or claims of loss or other confidential information pertaining to me and/or assets to the Seminole County Community Assistance Office, for the purposes of verifying information provided as part of determining eligibility for assistance under this application for assistance. I understand that only information necessary for determining eligibility can be requested.

TYPES OF INFORMATION TO BE VERIFIED:

I understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, Certificates of Deposit, Individual Retirement Accounts, interest, dividends; payments from Social Security/SSI, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/individuals who may be asked to provide written/oral verifications are, but not limited to:

- | | | |
|---|---------------------------------------|--|
| Past and Present Employers | Welfare Agencies/Other Social Service | Veterans Administration |
| Past and Present Landlords (including Public Housing Agencies-TBRA/Section 8) | Agencies and Non Profit Agencies | Retirement Systems |
| Support and Alimony Providers | State Unemployment Agencies | Banks and other Financial Institutions |
| Hospitals/Doctors/Pharmacies/Clinics | Social Security Administration | Religious Organizations |
| Funeral Homes and Crematories | Utility Companies | |

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand I/we have a right to review this file and correct any information found to be incorrect.

This authorization is valid up to one year from date signed.

 Applicant Sign Your Name

 Print Your Name

 Date

Note: This general consent may not be used to request a copy of a tax return or medical records.

**Client Informed Consent & Authorization for Release of Information
for Homeless Services Network HMIS**

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions or desire any further information regarding this form, please contact the system administrator via the HSN HMIS Help Desk by phone (407-893-0133 x120) or by email (hmis@hscnfl.org).

In order to best serve your needs at HEART TO HEART to develop meaningful treatment plans, to determine your continuing eligibility for services, and to monitor your progress in complying with the terms of your shelter, housing or other services, HEART TO HEART and the Continuum of Care need to exchange, share, and/or release data, information or records they may collect about you.

The information contained in your case records with any Agency is considered confidential and privileged and cannot be exchanged, shared and/or released without your express and informed written consent, except where otherwise authorized by law. Please understand that access to shelter, housing and services is available without your consent for the release of the information. However, your consent to share information with other service agencies is a critical component of our community's ability to provide the most effective services and housing possible.

I understand that:

- This Agency may not refuse to serve me simply because I do not want my information shared with other service agencies.
- This form specifically authorizes the use of information about me in research conducted using information maintained in the HSN HMIS. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports. The type of research that will be conducted using this information includes reports on the number and characteristics of people using different types of services, the effectiveness of services, and changes in patterns over time.
- If I give permission, the HSN HMIS will allow information about me, including records previously entered into the HSN HMIS, to be shared among HSN HMIS Partner Agencies. This may include, but is not limited to, my photograph, information regarding my education history and employment background, income, program eligibility and participation, and personal history. The purpose of sharing information is to help the agencies from which I seek services to obtain information about me faster, to assist with my case management, and to connect me more quickly with the services I need.
- Agencies that join the HSN HMIS after I sign this consent/authorization also will have access to the personal information that I authorize for data sharing. This Agency must make reasonable accommodations to allow me to view the updated list of HSN HMIS Partner Agencies.
- I understand that I have the right to inspect, copy, and request all records maintained by an Agency relating to the provision of services provided by an Agency to me and to receive a copy of this form unless specifically denied under federal or state law. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise authorized by law. I understand that this release is valid for three years from the date I sign this document. I may revoke this authorization at any time verbally or by written request, but the cancellation will not be retroactive.

I give my consent to the exchange of information via the HSN HMIS: Yes No

I have read this document or it was read and/or explained to me and I fully understand and agree with the terms of this document.

Signature of client or guardian:

Date:

Signature of witness:

Date:

Printed name of client or guardian:

Printed name of witness: