

**Greater Brattleboro Area
Pathways to Housing Program
Application/Intake**

This Application/Intake form is to be completed by the person who will be the Case Manager for this individual or family in the Pathways Program and the potential participant. For families this must be the Head of Household. If there is to be a Co-Head of Household they must also be present and participate in completing the form.

Household refers to all members of the family that will be living in the unit under the Pathways Program.

I. Persons completing this form (Must be Pathways Case Manager and Head of Household) :

1. Case Manager Name and Title: _____

Agency Name: _____

Agency Address and Phone Number _____

Today's Date: _____

2. Participant completing this form: _____

Co-Head of household: _____



II. Barriers to Housing:

What are the specific reasons why your household is not able to be admitted to local rental housing? Please check all that pertain to your household and indicate which member (s) has/have the particular issue.

a) Bad credit____ No credit____ Household Member(s)_____

b) No rental history: Never had a landlord____ Have had landlords but they won't give reference____

Other reasons for no rental history:_____

Household Member(s)_____

c) Unacceptable rental history:

i) Poor housekeeping____ Household Member(s)_____

ii) Failure or inconsistent rental payments____ Household Member(s)_____

iii) Inability to get along with neighbors____ and/or Landlord____ Household Members_____

iv) Owes money to previous landlord or housing program____ Household Members_____

v) Destruction of property____ Left previous rental in damaged or dirty condition____ Household Member(s)_____

d) Incarceration____ Household Member(s)_____

e) Chronic Homelessness____ Household Member(s)_____

f) Victim of domestic violence____ Household Member(s)_____

g) Substance abuse: alcohol____ drugs____ Household Member(s)_____

h) Youth (aged 16 to 21)____ Household Member(s)_____



**Greater Brattleboro Area
Pathways to Housing Program
Application/Intake**

III. Actions taken to address Barriers to Housing:

1. Please explain the items you checked off above in more detail. Fully explain the situation, who was involved and when it happened:

2. What are the steps that have been taken so far to address these barriers to housing? Please explain and include when they were taken and who took them:

3. How do you feel this program will help you and your household overcome these barriers? What will you do to be successful in this Program? What do you consider successful participation? Please be specific:

4. As the Case Manager for this household, please add any additional information that you feel is important or relevant here:

**Greater Brattleboro Area
Pathways to Housing Program
Application/Intake**

IV. General Household Information

1. Name of Head of Household: _____ Social Security Number _____

Full Address: _____

Telephone: _____ Message telephone: _____

Age: _____ Date of Birth: _____ Gender: Male ___ Female ___

Relationship Status: Significant Other ___ Civil Union ___ Single ___ Married ___ Separated ___

Divorced ___ If Separated or Divorced, where is your former partner living? _____

2. Other Household Members:

a) List all persons who will be living in the household under the Pathways Program:

Name	Relation	Sex	Date of Birth	Age	Soc. Sec. No

b) Is there anyone living with the household now who will not be under the Pathways Program? Yes ___ No ___
If yes, please explain why and where they will be living _____

c) Is there anyone who will be joining the household in the next 12 months? Yes ___ No ___
If yes, please explain why and where they are living now _____

d) Do you or any member of the household own a weapon or have one registered in your name? Yes ___ No ___

V. Housing:

1. Current Housing

a) Where are you and the members of your household currently living?

Street address _____

Who is the Landlord or person you are living with? _____

b) How long have you been there? _____

c) Is this temporary shelter Yes ___ No ___ If yes, when do you have to leave? _____

d) How many rooms do you have for your household? ___ Are they shared with others? Yes ___ No ___

e) Do you or any member of the household have a vehicle? Yes ___ No ___

f) Do you or any member of the household have any pets? Yes ___ No ___ If yes what kind and how many _____

g) What kind of condition is the building or unit in? Good ___ Not Good ___

Explain _____

h) Is the household or any member under eviction, the threat of eviction or being asked to leave?

Yes ___ No ___ Explain if yes _____

**Greater Brattleboro Area
Pathways to Housing Program
Application/Intake**

- i) Is the household or any member about to be or recently discharged from any institution or? Yes____ No____
If yes, name of place, which member and when? _____
- j) Is the household or any member being discharged from transitional housing? Yes____No____ If yes,
name of place, which member and when? _____
- k) Please add any additional information that you feel is important about current housing _____
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2. Previous Housing:

- a) Have you or any member of your household been evicted or threatened with eviction by any housing provider for any reason? Yes____No____ If yes: Who, When and For What?

- b) Have you or any member of your household ever violated any lease or family obligation under any assisted housing program or private lease? Yes____No____ If yes: Who, When and For What?

- c) Do you owe any money to any previous landlord, a Public Housing Agency or assisted housing provider? Yes____No____ If yes: How much is the debt, who is it owed to and for how long have you owed it?

- d) Has a Landlord kept your security deposit? Yes____ No____ If yes: If yes: Who, When and Why?

- e) For the last 5 years list every place you and each adult member of the household has lived. If you cannot list 5 years of history, please explain why. Use the line for PREVIOUS LANDLORD'S NAME if you lived with a family member or on some else's lease, give the person's name and relation to you. Use this line to include any and all places you have stayed whether they were rentals or not. This includes all institutions, shelters, etc.. If homeless, put this down and the dates.

i) Previous Address _____

City, State, Zip _____ Telephone _____
Lived there from (mm/dd/yy) _____ To (mm/dd/yy) _____
Number of bedrooms _____ Amount of Rent _____ Reason for leaving _____
Previous landlord Name _____
Mailing Address _____
City, State, Zip _____ Telephone _____

ii) Previous Address _____

City, State, Zip _____ Telephone _____
Lived there from (mm/dd/yy) _____ To (mm/dd/yy) _____
Number of bedrooms _____ Amount of Rent _____ Reason for leaving _____
Previous landlord Name _____
Mailing Address _____
City, State, Zip _____ Telephone _____

iii) Previous Address _____

City, State, Zip _____ Telephone _____
Lived there from (mm/dd/yy) _____ To (mm/dd/yy) _____
Number of bedrooms _____ Amount of Rent _____ Reason for leaving _____
Previous landlord Name _____
Mailing Address _____
City, State, Zip _____ Telephone _____

**Greater Brattleboro Area
Pathways to Housing Program
Application/Intake**

iv) Previous Address _____

City, State, Zip _____ Telephone _____

Lived there from (mm/dd/yy) _____ To (mm/dd/yy) _____

Number of bedrooms _____ Amount of Rent _____ Reason for leaving _____

Previous landlord Name _____

Mailing Address _____

City, State, Zip _____ Telephone _____

v) Previous Address _____

City, State, Zip _____ Telephone _____

Lived there from (mm/dd/yy) _____ To (mm/dd/yy) _____

Number of bedrooms _____ Amount of Rent _____ Reason for leaving _____

Previous landlord Name _____

Mailing Address _____

City, State, Zip _____ Telephone _____

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VI. Current Services Received:

1. Please list all individuals who are providing any supportive service to any family member such as a Psychiatrist, Team Leader, Therapist, Case Manager, Payee, Advocate, Nurse, Attorney, etc..) answer completely as we will know **all services currently being received** by any member of the household:

a) Name of person and role in provision of services _____

Household Member receiving services _____

b) Name of person and role in provision of services _____

Household Member receiving services _____

c) Name of person and role in provision of services _____

Household Member receiving services _____

d) Name of person and role in provision of services _____

Household Member receiving services _____

e) Name of person and role in provision of services _____

Household Member receiving services _____

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VII. Detailed Household Information:

1. Criminal Information:

a) Has any member of the household ever been arrested or convicted of a felony? Yes ___ No ___
If yes: Who in the household? _____ When? _____
For What? _____ Where? _____

b) Has any member of the household ever been arrested or convicted of any non-felony criminal activity?
Yes ___ No ___ If yes: Who in the household? _____ When? _____
For What? _____ Where? _____

**Greater Brattleboro Area
Pathways to Housing Program
Application/Intake**

- c) Has any member of the household ever been on probation or parole?
Yes_____No_____ If yes: Who in the household?_____ When?_____
For What?_____ Where?_____
- d) Is any member of the household currently on Probation or parole? Yes___No___ If yes: Who in the household?_____ For What?_____ When did this begin?_____
Name and phone number of probation officer:_____

2. Substance Use

- a) Does any household member drink alcohol now or in the past? Yes___No___ If yes, which household member, how much, how often and for past give when? _____

- b) Does any household member use any illegal drug or misuse a prescription now or in the past? Yes___No___ If yes, which household member, how much, how often and for past give when? _____

- c) Has any household member ever participated in any substance abuse program? Yes___No___ If yes, which household member and when?_____
- d) Has any household member ever been treated for alcohol abuse? Yes___ Date and Place of treatment_____ Which household member(s)? _____ No___
- e) Has any household member ever been treated for drug abuse? Yes___ Date and Place of treatment_____ Which household member(s)? _____
- f) Has any household member ever been arrested or convicted of DWI/DUI? If yes, please state who, when, where and what the consequence was_____
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**Greater Brattleboro Area
Pathways to Housing Program
Application/Intake**

3. Medical and Mental Health History: Please answer for all members of the household

H H M e m b e r N a m e	Present medical or mental health needs	Are Needs Being Met?	Is this person disabled? If yes, list any special needs	Name of Local Doctor(s)	Current Prescriptions	Name of Prescriber

Please give further information on any items above that you feel is important here: _____

**Greater Brattleboro Area
Pathways to Housing Program
Application/Intake**

b.) Has any household member been treated or is currently being treated for any mental or emotional illness? If yes, fill in below for every member this applies to:

H H M e m b e r N a m e	Diagnosis	Who provided and/or is providing the treatment?. Include on-going therapy.	When did treatment begin and if ended, when?	Was/Is this inpatient, outpatient or both?

Please give further information on any items above that you feel is important here: _____

**Greater Brattleboro Area
Pathways to Housing Program
Application/Intake**

b.) List all current expenses and debt. List all expenses for child care, rent or shelter of any kind, utilities, phone, insurances, cable, internet, medical or mental health needs, or any other expenses. List all money owed to any person, company or organization. List money due friends, family, rent-a-center, loans, hospitals, credit cared companies, auto payments, etc.. List any expense not already included on this form. List by the household member who pays the expense or owes the debt.

H H M e m b e r N a m e	Amount of current expense	O w e d t o :	How much is paid? How often?	Amount of Debt Owed	Owed to:	How much is paid? How often?
TOTAL						

**Greater Brattleboro Area
Pathways to Housing Program
Application/Intake**

c.) Checking, savings and asset accounts: Please list all banks/financial institutions that any household member has an account with and the amount of funds in the account also list any other sources and amounts of assets.

H H M e m b e r N a m e	C h e c k i n g N a m e o f I n s t i t u t i o n & A m o u n t	S a v i n g s N a m e o f I n s t i t u t i o n & A m o u n t	O t h e r a s s e t s o r a c c o u n t s. S p e c i f y t y p e a n d A m o u n t.
TOTAL			

**Greater Brattleboro Area
Pathways to Housing Program
Application/Intake**

**V. Release of Information and Program Compliance Certifications:
To be signed by all household members 18 years of age or older.**

I, the undersigned household member 18 years of age or older, **authorize the release of information** about me or the presented household members that is pertinent to eligibility, acceptance and continued participation in the Pathways to Housing Program to the Brattleboro Housing Authority and Pathways Oversight Committee. The covered inquiries may be made about: child care expenses; credit history; criminal history; family/household composition; employment, income, pensions and assets; Federal, State, Tribal or Local Benefits; unemployment compensation; disability expenses or payments; identity and marital status; medical expenses; social security numbers; residences and rental history; immigration and naturalization information; participation in rehabilitation and/or recovery programs; services provided by non-profit human services agencies; intake diagnostic evaluation; psychological and psychiatric evaluation; social summary, medical history, drug and alcohol history; progress notes and closing summary.

I choose to release this information willingly for the purposes stated above. I understand the information will be used only for the purposes stated above and cannot be released to anyone else without my written consent (unless otherwise provided for in legislation regarding privileged information and/or confidentiality).

I understand I may, at any time, revoke my consent to allow the entities listed above to disclose the information as stated, except to the extent action has been taken on information prior to the revocation of my consent.

I understand that failure to sign this authorization will result in denial of my application to the Pathways to Housing Program and that revocation of this authorization will indicate my desire to no longer participate in the Program. This will terminate my housing assistance under the Program.

This release of information expires 15 months from the date of Household Member signature.

I know I am required to cooperate in supplying all information needed to determine my eligibility and my true circumstances as required during my participation in the Program.

I know I am to cooperate in all aspects of the Pathways Program which includes but is not limited to: attendance at all meetings with Case Manager or other service providers; active and conscientious participation in program duties and tasks; maintaining good relationships with neighbors, landlord and others; completing all paperwork as required; and staying in compliance with all aspects of my Individual Service Plan. I understand that failure to comply with Program requirements will result in my termination from the Program and loss of housing assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge. I do hereby certify that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I further understand that knowingly supplying false, incomplete or inaccurate information will result in my termination from the Program and loss of housing assistance.

Signature of Household Members 18 years old and older

Date

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Case Manager: _____

Title and Agency _____

Signature and Date _____