

APPLICATION FOR ELIGIBILITY DETERMINATION

Casitas Esperanza Transitional Housing

848 S. 7th Ave. Tucson AZ 85701

Please complete each section of the application. When you turn in your application, please provide **PROOF OF INCOME**.

1. APPLICANT(S):

PLEASE PRINT

Head of Household:

First Middle Initial Last

Current Mailing Address:

Street Apt.

City State Zip Code

Telephone or contact:

(Area Code)

2. Household Composition and Characteristics

(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

Member's Full Name	Relationship	Birth Date	Sex M or F	Social Security Number
	Head			

Are you or your spouse/partner pregnant at this time? Yes No Due Date:

Are your children enrolled in school? Yes No
Name of school(s)

Do you have a childcare provider? Yes No
Childcare Provider Address

Healthcare Plan Date of last doctor's visit

Why are you applying for this program?

Are you willing to participate in case management? Yes No

Monthly Income		Monthly Expenses	
Monthly income from work		Rent	
Second Job		Utility Bills	
Food Stamps		Car Payments	
AFDC		Insurance	
Social Security		Child care	
Child Support		Household	
		Credit Cards	
Other		Other	
Total Income		Total Expenses	

Do you expect any changes in your monthly finances? Yes No
 If yes, please explain: _____

3. Current Housing Status

Please list all addresses where you have lived during the past FIVE years: (Use additional sheet if necessary.)

Street Address _____ Unit # _____ Monthly Rent \$ _____
 City _____ State _____ Zip _____ Landlord/Mgr: _____
 Dates: _____ Address: _____
 Phone # _____

Reason for leaving: _____



Street Address _____ Unit # _____ Monthly Rent \$ _____
 City _____ State _____ Zip _____ Landlord/Mgr: _____
 Dates: _____ Address: _____
 Phone # _____

Reason for leaving: _____

4. Have you ever lived in Public Housing? Yes No
 If yes, please list dates, location and the reason for leaving:

Have you ever participated in TRANSITIONAL HOUSING OR SHELTER PROGRAMS?

Yes No If yes, where _____

Are you on a Section 8 waiting list? Yes No

Have you ever been evicted? Yes No

If yes, please list dates and reason: _____

5. Education and Employment

Do you have a H.S. Degree or a GED? Yes No

What is the last grade that you completed? _____

Do you have other education, certification or special training? Yes No

If yes, please describe _____

Are you currently employed? Yes No

If no, please state reason: _____

Periods of unemployment ___/___ to ___/___

6. Income/Finances

List Most Recent Employer First

EMPLOYER SUPERVISOR

JOB TITLE RATE OF PAY DATES OF EMPLOYMENT TELEPHONE

Reason for leaving: _____

EMPLOYER SUPERVISOR

JOB TITLE RATE OF PAY DATES OF EMPLOYMENT TELEPHONE

Reason for leaving: _____

EMPLOYER SUPERVISOR

JOB TITLE RATE OF PAY DATES OF EMPLOYMENT TELEPHONE

Reason for leaving: _____

If you have not worked continuously for the past 12 months, please state your reasons: _____

Finances	Yes	No	Balance
Do you have a checking account?			
Do you have a savings account?			
Do you have any credit cards?			
Do you have any outstanding balances on LOANS, UTILITY BILLS, PHONE BILLS, COURT FEES, CAR LOANS, EDUCATION LOANS, ETC.			

7. Other Background Information:

Have you (or any member of your immediate family) ever been convicted of a felony or any other criminal activity including a violation of the Controlled Substance Act?

____ Yes ____ No If Yes, please explain: _____

Do you (or any member of your immediate family) NOW OR IN THE PAST

Smoke? Yes No

Use Alcohol? Yes No

If yes, when and how often: _____

Use drugs? Yes No

If yes, when, which kind, and how often: _____

Please give an explanation for any YES answer _____

Have you (or any member of your immediate family) NOW OR IN THE PAST 10 YEARS

Owned a weapon? Yes No

Associated with gangs? Yes No

Been convicted of a felony? Yes No

Been on probation or parole? Yes No

Been involved with CPS? Yes No

Been involved in domestic violence? Yes No

Please give an explanation for any YES answer _____

Have you (or any member of your immediate family) ever received help or assistance from any community agency? Yes No

If yes, please state which program(s), services received, and what dates:

Have you (or any member of your immediate family) participated in any case management programs, counseling, AA, NA, or other self-help programs?

Yes No If yes, please state which program(s) and what dates:

Have you (or any member of your immediate family) participated in any Pio Decimo programs?

Yes No If yes, please state which program(s) and what dates:

I/We understand that all the information provided in this application is true and correct. Any information that is misrepresented or false will be grounds for disqualification. Additionally, I/We understand that this is a Social Service Program with rules and regulations that must be followed in order to maintain residency in the program.

Signature of Head of Household: _____ Date _____

Signature of Spouse / Co-Head: _____ Date _____

Office Use Only:	Date of first contact _____	Date application mailed _____
	Date application received _____	Date of interview _____
	Date Presented to Screening Committee _____	
	Outcome _____	Date Contacted client _____