

Meridian Services Inc. – Residential Services APPLICATION FORM

Applicant Name _____ Date of Application _____

Address _____

City, State, Zip Code _____

Contact Numbers (or a person who can give you a message)

1. _____
2. _____
3. _____

How did you hear about Meridian Services, Inc. – Residential Programs and/or Homeless Solutions?

Have you ever lived in a Meridian Services, Inc. residential facility or at Homeless Solutions before? If so, when? _____ Where? _____
 N Y

For office use only

Application has been:

Accepted Program Name: _____ Anticipated Move-In _____

Denied

Notes:



Applicant Name _____

Social Security # _____

HOUSEHOLD COMPOSITION

List the Head of 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	Age	Gender	SS #
1.					<input type="checkbox"/> M <input type="checkbox"/> F	
2.					<input type="checkbox"/> M <input type="checkbox"/> F	
3.					<input type="checkbox"/> M <input type="checkbox"/> F	
4.					<input type="checkbox"/> M <input type="checkbox"/> F	
5.					<input type="checkbox"/> M <input type="checkbox"/> F	
6.					<input type="checkbox"/> M <input type="checkbox"/> F	
7.					<input type="checkbox"/> M <input type="checkbox"/> F	
8.					<input type="checkbox"/> M <input type="checkbox"/> F	

ETHNICITY (For Statistical Purposes only. Information **will not** be used to determine eligibility)

- Hispanic
- Non-Hispanic

(Hispanic includes Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race)

RACE

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White

Veteran Status

- No
- Yes
- Don't Know
- Refused

(Check if you have served on ACTIVE DUTY in the Armed Forces of the United States. This does not include inactive military reserves of the National Guard)

Disabling Condition/Special Need

- 1. No
- 2. Yes
- 3. Don't Know
- 4. Refused

<ul style="list-style-type: none"> 1. A disability as defined in Section 223 of the Social Security Act; 2. a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individuals ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; 3. a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; 4. the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or 5. a diagnosable substance abuse disorder.

Residence Prior to Program Entry

- 1. Emergency Shelter (Including a youth shelter or hotel, motel or campground paid for with an emergency shelter voucher)
- 2. Transitional Housing for Homeless persons (Including homeless youth)
- 3. Permanent Housing for formerly homeless persons (Including SHP, S+C, or SRO Moderate Rehab)
- 4. Psychiatric Hospital or other Psychiatric facility
- 5. Substance Abuse Treatment Facility or detox center
- 6. Hospital (non-psychiatric)
- 7. Jail, Prison or Juvenile Detention Facility
- 10. Room, apartment or house that you rent



- 11. Apartment or house that you own
- 12. Staying or living in a family member's room, apartment or house
- 13. Staying or living in a friend's room, apartment or house
- 14. Hotel or motel paid for without emergency shelter voucher
- 15. Foster care home or foster care group home
- 16. Place not meant for habitation (such as a vehicle, abandoned vehicle, and abandoned building, bus, train, subway station, airport or anywhere outside)
- 17. Other
- 8. Don't Know
- 9. Refused

Length of time you lived in this arrangement

- One week or less
- More than one week, but less than one month
- One to three months
- More than three months, but less than one year
- One year or longer

Zip code of last permanent address _____

Homeless Status

According to HUD guidelines, a homeless person is a person sleeping in a place not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings; a persons sleeping in an emergency shelter as a primary nighttime residence; a person in transitional housing for homeless persons who originally came from the street or an emergency shelter

- Persons/households living "doubled-up" with family or friends are not considered homeless
- Persons who are being released from institutions and have other housing options are not considered homeless.

Are you Homeless? No Yes

Income and Sources (Check only those that apply. Only record those received in the last 30 days)

Source	Monthly Amount	Income Start Date
1. <input type="checkbox"/> Earned Income	_____	_____
2. <input type="checkbox"/> Unemployment Insurance	_____	_____
3. <input type="checkbox"/> Supplemental Security Income or SSI	_____	_____
4. <input type="checkbox"/> Social Security Disability Income (SSDI)	_____	_____
5. <input type="checkbox"/> Veteran's Disability Payment	_____	_____
6. <input type="checkbox"/> Private Disability Payment	_____	_____
7. <input type="checkbox"/> Worker's Compensation	_____	_____
8. <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	_____	_____
9. <input type="checkbox"/> General Assistance (GA)	_____	_____
10. <input type="checkbox"/> Retirement Income from Social Security	_____	_____
11. <input type="checkbox"/> Veteran's Pension	_____	_____
12. <input type="checkbox"/> Pension from a former job	_____	_____
13. <input type="checkbox"/> Child Support	_____	_____
14. <input type="checkbox"/> Alimony or other spousal support	_____	_____
15. <input type="checkbox"/> Other source	_____	_____
16. <input type="checkbox"/> No Financial Resources	_____	_____
TOTAL MONTHLY INCOME		_____



Non-Cash Benefits

1. Food Stamps or money for food or on a benefits card
2. MEDICAID health insurance program
3. MEDICARE health insurance program
4. State Children's Health Insurance Program
5. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
6. Veteran's Administration (VA) Medical Services
7. TANF Child Care Services
8. TANF Transportation Services
9. Other TANF-funded services
10. Section 8, public housing, or other rental assistance
11. Other Source

Physical Disability

A physical disability is a physical impairment which is:

1. expected to be of long-continued and indefinite duration
2. substantially impedes an individual's ability to live independently
3. of such nature that such ability could be improved by more suitable housing conditions

I have a physical disability

No Yes

Disability Start Date _____

Developmental Disability

A developmental disability is a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.

I have a developmental disability

No Yes

Disability Start Date _____

HIV/AIDS (Checking "YES" will not disqualify you for housing)

No Yes (If diagnosed with AIDS or have tested positive for HIV)

Mental Health

A mental health problem is expected to be of long continued and indefinite duration and substantially impedes a client's ability to live independently. A mental health problem may include serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide.

I have a mental health problem

No Yes

Disability Start Date _____

Substance Abuse

1. Alcohol abuse
2. Drug Abuse
3. Dually Diagnosed

Disability Start Date _____

Domestic Violence

No Yes

If you answered "YES", how long ago was the most recent incident?

1. Within the past three months
2. Three to six months ago
3. From six to twelve months ago
4. More than a year ago
8. Don't Know
9. Refused



Other

- 1. Does anyone live with you now that is not already listed on this application? No Yes
- 2. Do you expect a change in your household composition? No Yes

Please explain if you answered "YES" to either question:

Do you need or require a handicapped accessible unit? No Yes
(For program and unit eligibility purposes only)

Please Identify any special housing needs your household has:

Have you ever lived in subsidized housing? (Section 8/Public Housing)
If so, where? _____

Previous Rental History

Name and Address of your <u>present</u> landlord	Telephone # _____
_____	How long have you lived there? _____
_____	Reason for leaving? _____
_____	_____

Name and address of your <u>former</u> landlord	Telephone # _____
_____	How long have you lived there? _____
_____	Reason for leaving? _____
_____	_____

Criminal Background

Have you ever been convicted of a crime? No Yes
If "YES" please describe offense: _____

Time Served _____ On probation/parole? No Yes
Probation/Parole officer _____ Telephone # _____

Pending Court Appearances? If "YES", what offense? _____ Court Date: _____

References (Not Family or Friends)

Name and Address reference:	Telephone # _____
_____	How do they know you? _____
_____	How long have they known you? _____
_____	_____

Name and Address reference:	Telephone # _____
_____	How do they know you? _____
_____	How long have they known you? _____
_____	_____



Applicant Certification

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law.

In addition, I/we have been properly informed regarding my/our right to privacy and/or confidentiality. I/We understand that federal law permits Meridian Services, Inc. to disclose information without my/our written permission: 1.) Pursuant to an agreement with a qualified service organization/business associate, 2.) For research, audit, or evaluations, 3.) To report a crime committed on Meridian Services, Inc.'s premises or against Meridian Services, Inc. personnel, 4.) To medical personnel in a medical emergency, 5.) To appropriate authorities to report suspected child abuse or neglect, 6.) As allowed by a court order.

Signature of Head	_____	Date	_____
Signature of Spouse/Co-Head	_____	Date	_____
Owner/Manager/PHA Representative	_____	Date	_____

This project does not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposed cited above. Any person who knowingly or willfully requests, obtains or discloses an information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized discloser or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act as 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 208 (f)(g) and (h).

