



1800 NORTH CHARLES STREET, SUITE 700, BALTIMORE, MD 21201
PHONE 410.528.0267 FAX 410.528.0269 WEB www.citysteps.org

APPLICATION FOR SERVICES

PERSONAL INFORMATION

Name: _____ Today's Date: _____

Address: _____ Zip Code: _____

Telephone: _____ Personal Cell Land Line Other

Email: _____ OR No Email Available

Phone (s) where we may leave a message: _____ Name: _____

DOB: _____ Age: _____ Sex: _____

Children: YES or NO (circle)

MAILING ADDRESS (Complete only if different than above: can be a P.O.Box, family, friend, or service provider.)

Full Name		Relationship (example: friend, parent, brother, case manager)
Address		
City	State	Zip Code



FAMILY/ HOUSEHOLD INFORMATION

First, list the applicant, or the head of household. If there is a spouse or co-applicant, list second. Next, list all children that live with you in order of age (oldest to youngest). If you expect others to live with you, please explain (e.g. live-in aide, pregnancy, custody change)

Please use the Race and Ethnicity Chart below and choose a corresponding letter for each member of the household. Put that letter in the column marked Race/ Ethnicity in the table below.

First and Last Name	Relationship to Applicant	DOB	Sex	M/F	Social Security #	Race/ Ethnicity**
<i>Applicant</i>						
<i>Spouse or Co-Applicant</i>						
<i>Child</i>						

Race and Ethnicity Chart (This information is requested for statistical purposes only.)	
A. White Hispanic	F. American Indian/ Alaskan/ Hispanic
B. White Non-Hispanic	G. American Indian/ Alaskan/ Non-Hispanic
C. Black Hispanic	H. Asian or Pacific Islander Hispanic
D. Black Non-Hispanic	I. Asian or Pacific Islander Non-Hispanic
E. Bi-Racial/ Mixed	J. Other

HOUSEHOLD INCOME

Do you a/or your Spouse or Co-Applicant have a source of income? YES or NO (circle)



Please list all your income from employment and government sources.

Type of Income. (Please include TANF, SSI, SSDI, Work/ Study, Child Support, Stipends, Employment.)	Estimated Amount Received Per Month	Beginning Date of Income
<i>Applicant</i>		
<i>Co-Applicant</i>		

Do you have food stamps? YES or NO (circle)

EMERGENCY CONTACT INFORMATION

(Please share the name and contact information for your designated emergency contact. This is required.)

Full Name		Relationship <i>(example: friend, parent, brother, case manager)</i>	
Address			
City	State	Zip Code	
Home Telephone	Work or Cell Phone		

VERIFICATION OF HOMELESSNESS:

Please complete your housing history beginning with the place you slept last night. Go backwards listing each place you lived for 4 years. Use additional space if needed. Your Case Manager or the Head of the Household that you are currently staying in must verify the information below.

What kind of environment were you living in? <i>(Write the number of the situation in space below; Describe if necessary).</i>	When did you stay there? <i>(month/day/year to month/day/year)</i>	Why did you leave? <i>(Choose the number that best describes the reason you left each environment and list it below; explain if necessary)</i> 1. Change of job
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<ol style="list-style-type: none"> 1. Shelter 2. Voucher Motel/Hotel 3. Battered women’s shelter 4. Car 5. Street/park 6. Abandoned building 7. At relative’s place 8. At friend’s place 9. Transitional housing 10. Own apt. or house 11. Shared house or apt. 12. Foster/Group Home 13. Hospital or Treatment Center 14. With Parent (s) 15. Other (describe) 16. No answer 	<p><i>OR</i></p> <p><i>Put approximate times if dates are not known)</i></p>	<ol style="list-style-type: none"> 2. Eviction (describe) 3. Lost job (indicate if fired or laid off) 4. Change in relationship 5. Battering/Abuse 6. Trouble with parents/roommates. 7. Lost entitlements 8. Too crowded 9. Unable to afford 10. Completed treatment 11. Building converted 12. Building razed or condemned 13. Fire or other disaster 14. Poor living conditions 15. Aged out of foster care 16. Other (Describe) 17. No Answer
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ENVIRONMENT # COMMENTS	DATES OF STAY	REASON # COMMENTS
# _____	FROM: TO:	# _____
# _____	FROM: TO:	# _____
# _____	FROM: TO:	# _____
# _____	FROM: TO:	# _____
# _____	FROM: TO:	# _____
# _____	FROM: TO:	# _____
# _____	FROM: TO:	# _____
# _____	FROM: TO:	# _____
# _____	FROM: TO:	# _____



# _____	FROM: TO:	# _____
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JOB/ TRAINING INFORMATION

Check all that apply.

I am currently employed. My employer is _____.

I am currently self-employed. My business is _____.

I am enrolled in a verifiable job training program. The program is _____.

I am an honorably discharged Veteran.

CRIMINAL HISTORY

Have you ever been convicted of a violent or drug related crime? YES NO

Have you ever been required to register as a sex offender? YES NO

Are you currently on parole, probation or home monitoring? YES NO

REASONABLE ACCOMODATION

Check Yes or No

1. Do you or your Co-Applicant have a disability? YES NO

2. Do you or any member of your household need an accessible unit because of disability, mobility impairment, or do you need a special feature due to a disability? YES NO

If you answered “Yes” to the above questions, please check what type of accommodations you need.

Assistance with the application process. YES NO

Help with understanding or using AIRS Services/ Housing due to your disability. YES NO

A unit for persons with vision impairments, (blind, limited vision) YES NO



A unit for persons who are deaf or hard of hearing. YES NO
 An extra bedroom for a live-in aide or attendant. . YES NO
 A unit all on one level, without steps, including entryway and exit YES NO
 A ramp to gain entry/ exit the unit. YES NO

A bedroom and a bathroom on the first floor. YES NO
 Modifications to the bathroom a/o kitchen. YES NO
 A unit accessible to a person using a wheelchair. YES NO
 Accessible parking space. YES NO
 Other modifications; Please describe:

The following is for statistical or planning purposes only. It will not affect your housing decision.

1. Do you have active medical insurance? YES or NO (circle)
 Type: _____
2. Highest Level of Education Completed: _____ Employed or Unemployed (Circle)
3. Veteran Status: YES or NO (Circle)
4. How did you learn of our services? _____

Thank you for taking the time to complete our housing application. Please be advised that any communication you receive regarding your approval to live in any AIRS/EHM property is provisional until you have signed a lease and receive an apartment key

STAFF USE ONLY

Homelessness Verification Received? YES or NO (circle)
 Agreement for Services Signed? YES or NO
 Identification Documents Received? YES or NO
 Proof of Income Received? YES or NO
 Eligible for: CH GYFLC RG YS (Circle all those that apply)

Date of Initial Service: _____
 Staff Assigned: _____



AFFIRMATION

I hereby affirm that, to the best of my knowledge, the foregoing information is true, accurate and complete. I understand that misleading or false statements, misrepresentations, or incomplete information in this application will be grounds for rejection. I authorize AIRS/ City Steps to contact my agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application.

I further attest that I have reviewed and understand the policies of City Steps as stated below.

Non Discrimination Statement

The services of CITY STEPS will not be influenced by one's race, color, religion, sex, national origin, disability, marital status, sexual orientation or any other characteristic protected by law. CITY STEPS will make reasonable accommodations for qualified individuals with known disabilities.

Confidentiality Statement

It is the policy of CITY STEPS to keep confidential all information about its applicants except when the Client has given written consent to disclose information to implement the treatment plan the Client has agreed to or to provide support services. CITY STEPS expects the clients of CITY STEPS programs to respect the privacy of other clients of CITY STEPS' programs and to keep confidential their identity, their address, and any information that may be acquired.

Appeal Statement--Housing

CITY STEPS informs applicants in writing of his or her right to appeal in their determination letter. Applicants who wish to appeal are given the opportunity to do so if he or she believes that the program services have been incorrectly denied. Appeals must be filed within 30 days. Once an appeal is received; the housing slot or position on waiting list will be held until after the appeal procedure has been executed. Appeals are addressed to the Program Managers. The Program Manager will respond in writing within three working days of receipt of appeal. If the appeal can not be resolved by the Program Manager, the applicant may request to have their appeal forwarded to the EVP of Programs or designee. The EVP of Programs or designee will respond in writing to the applicant in two working days, and their decision shall be final.

Signed: _____

Date: _____



THIRD PARTY HOMELESS VERIFICATION

DIRECTIONS:

Eligibility for these services is contingent on Proof or Verification of Homelessness from someone other than you, (the client). If you have been working with a community agency, school or medical service professional that is aware of your housing status, they should be asked to give you a written statement to that effect. These letters can be hand-written or typed, but must be on company letterhead and have an original signature.

If you do not have such a contact, a letter written by the adult head of household or closest adult relative will do. This letter should **briefly describe your current housing, and, (after review of your application), state the following:**

To the best of my knowledge, all information regarding this applicant's housing situation is correct. Any intentionally untrue statements may render the applicant ineligible for services through City Steps.

Letter needs to be signed and dated.

OR

If you are working directly with a City Steps Service Navigator, they may fill the form out on the next page, and sign. It also needs to be included in the packet.





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DATE

RE: _____
DOB _____

STATEMENT:

Based on my contact and work with the above-named client, it is my belief that he/ she meets the HUD Definition of homelessness due to at least one of the following circumstances:

- Client is living in a place not meant for human habitation, in emergency shelter, in transitional housing, or is exiting an institution where they temporarily resided for up to 90 days.
- Client is losing their primary nighttime residence, which may include a hotel or a motel or a doubled up situation, within 14 days, and lacks resources or support networks to remain in housing.
- Client is a family or an unaccompanied youth who is unstably housed and likely to continue in that state. Said client has not had a lease or ownership interest in a housing unit in the last 91 or more days, has had 3 or more moves in the last 90 days, and who is likely to continue to be unstably housed because of disability or multiple barriers to employment.
- Client is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing.

To the best of my knowledge, all information regarding this applicant's housing situation is correct. Any intentionally untrue statements may render the applicant ineligible for services through City Steps.

Signed: _____
(Circle: City Steps Staff or Head of Household)

Date: _____

Print Name : _____

Job Title: _____

Phone: _____

