

STAYWell HOUSING
ADDENDUM TO HUD STANDARD INTAKE FORMS

~Please print or type~

APPLICANT

1) First Name: _____ Last Name: _____

CONTACT INFORMATION: MAILING ADDRESS: _____

PHONE NUMBER: _____

2) Name of Agency submitting application: _____

3) Date of first contact with the Agency: _____

4) Ongoing Service Coordination Agency for the applicant: **Fred Finch** **Abode Services**

5) Name of Service Coordinator: _____ Phone number: _____

6) Which of the following disabilities are you living with? Please check all that apply.

- Serious Mental Illness (must have to qualify)**
- Chronic Alcohol Abuse
- Chronic Drug Abuse
- AIDS or Related Diseases

Verification of qualifying disability is required

7) If any of the disabilities requires reasonable accommodation, please indicate below:

Full Name	Type of Disability (i.e. vision/hearing impaired, unable navigate stairs)	Accessibility Needs

HOMELESS HISTORY

8) Please list below **ALL** places you have lived in the **past three years**, including apartments, friends or relatives residence(s), emergency shelters and all other locations. Begin with your current location, then the most recent location, even if you are currently homeless, and continue with the previous locations until you have listed your history for **three years**. Please attach additional sheets if necessary.

Type of Situation	Where (specifically: If homeless, list street names or area)	From	To

9) How long have you lived in Alameda County? _____

10) Which area of Alameda County do you prefer to live? **A)** North County (Oakland/Berkeley/Emeryville)
B) South County (Hayward/Fremont/Tri-Valley)

STAYWell HOUSING

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To be completed by applicant:

<p><i>I hereby affirm the enclosed information is true and complete to the best of my knowledge. I understand that any misrepresentation, omission or false information will be grounds for cancellation of my application and/or housing assistance. This application has been completed, and read by or to me, prior to signature.</i></p>	<p>_____</p> <p><i>initial</i></p>
<p><i>I understand that STAYWell Housing may need to contact individuals or agencies to verify the above information and to provide ongoing housing and services to me during my participation in the program. I further understand that my signature below serves as a time-limited consent to share information <u>when necessary</u> with any individuals or agencies who have a signed contract or Memorandum of Understanding with the Tri-City Homeless Coalition. I may revoke my consent at any time in writing and, if not earlier revoked, it shall terminate upon my exit from the program.</i></p>	<p>_____</p> <p><i>initial</i></p>
<p><i>I understand that Service Coordination is a important part of the STAYWell Housing program. The goals of service coordination and support services are to help me get and keep permanent housing and become as self-sufficient as possible. I agree to participate in supportive services as described in my Self-Sufficiency Plan, which will be periodically reviewed and updated with my Service Coordinator.</i></p>	<p>_____</p> <p><i>initial</i></p>
<p><i>I understand that STAYWell Housing is funded with federal funds and that my participation in the program is based, in part, on my disability status. I further understand that while all participating agencies will adhere to all legal requirements to protect my confidentiality, my participation in the program may cause my disability status to be inferred by others who become aware of my participation.</i></p>	<p>_____</p> <p><i>initial</i></p>
<p><i>I understand that STAYWell Housing is for persons who meet the HUD and Alameda County homeless definitions. I further understand that by signing below, I affirm that the housing history information I have submitted in this application is true and correct.</i></p>	<p>_____</p> <p><i>initial</i></p>
<p><i>I understand that the completion and approval of this application does not guarantee me housing assistance.</i></p>	<p>_____</p> <p><i>initial</i></p>

The above information is made in connection with the submission of an application to the Shelter Plus Care program of the U.S. Department of Housing and Urban Development. The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application contains false or incomplete information, you may be:

- **Evicted from your apartment or house;**
- **Required to repay all overpaid rental assistance you receive;**
- **Fined up to \$10,000**
- **Imprisoned for up to 5 years; and/or**
- **Prohibited from receiving future assistance.**

(Excerpt from the U.S. Department of Housing and Urban Development Publication p-88-2, May 1988)

I hereby affirm the enclosed information is true and complete to the best of my knowledge. I understand that any mis-representation or omission will be grounds for cancellation of my application for housing assistance. I have read, or had read to me, and understand the Federal Privacy Act Statement attached to this application.

APPLICANT SIGNATURE: _____ **DATE:** _____

WITNESSED BY: _____ **DATE:** _____