

**STAYWELL HOUSING
APPLICATION CHECKLIST
ABODE SERVICES REFERRAL**

Complete the following checklist. Application will not be accepted without all of the information required:

➤ **FOR SERVICE COORDINATOR / APPLICANT:**

- STAYWell Housing Addendum to SIF
- Authorization to Release Information/Privacy Act Statement
- Copy of Current Driver's License or California I.D.
- Copy of Social Security Card
- *Verification of Income or documentation of efforts to secure income
- *Verification of **each** Qualifying Disability checked on page 1 of application
- *Verification of Homelessness
- Initial Self-Sufficiency Plan

***Acceptable forms of verification are as follows:**

A. Verification of Income

1. Verification of Employment (VOE) form (available through the Public Housing Authority), or
2. Letter of verification from employer including hours worked and pay rate
3. If non-employment income, copy of official verification of benefits
4. If no financial resources, letter from Outreach Agency confirming zero income

B. Verification of Qualifying Disability

1. Physician diagnosis AIDS or related disorders **or** non-anonymous test result
2. Letter from qualified person who has the ability to diagnose disabling Serious Mental Illness
3. Letter from qualified person who has the ability to diagnose disabling addiction to alcohol and/or drugs

C. Verification of Homelessness

1. If coming from a shelter: Letter from shelter verifying dates of residency
2. If coming from transitional housing or residential program/hospital: Letter from site verifying dates of residency and that applicant was homeless prior to entry, **and** verification that efforts to secure permanent housing have been made. If coming from the streets or places not meant for human habitation: Verification from outreach worker or organization providing service to the applicant where they are living (on the street); or (if the above is not possible) a written statement about applicant's current living place **signed and dated by the applicant**