



TRI-VALLEY
HOUSING SCHOLARSHIP PROGRAM
(HSP)

Dear Student,

Thank you for taking the time to complete the Housing Scholarship Program application for current full time students or those in formal on-the-job-training programs. Through this application process, we can gather information that will help us identify resources that you may need.

Our experience has taught us that there are important considerations when providing services for people during the course of the Housing Scholarship Program. One of our services is to try to help anticipate problems that can derail your plans, and provide immediate resources to aid emergency situations.

Your acceptance into the program and the total amount of the scholarship assistance you receive will be based on case management recommendation and Advisory Board approval. **The goal of the program is to provide rental assistance so that a scholarship recipient is able to complete their education or training within 24-30 months and then transition into gainful employment within that period of time.** If you are on a Section 8 waiting list, this program does not affect your selection or acceptance into the Section 8 Program.

Our Advisory Board members meet once a month. Once your application materials are complete and have been submitted, the HSP Staff will review them for recommendation. We will present your application materials to the Advisory Board when all requested documentation has been received and reviewed. Once the Advisory Board has made a decision, you will be notified immediately. ***Please note that this process may take up to three months. This Application does not guarantee housing assistance of any kind.***

We respect that the information you provide is sensitive.

Confidentiality is maintained with ABODE Services staff and the Advisory Board throughout the application process. Please feel free to ask any questions regarding any material/questions on the application that you do not understand, and consider us at your service.

Tri-Valley Housing Scholarship Program Staff
Nelida Villanueva, Program Coordinator/Case Manager
Phone (925) 373-5313 or e-mail nvillanueva@abodeservices.org
Note: In order for your application to be accepted, you must first contact the Case Manager for a pre-screening session.

3311 Pacific Avenue
Livermore, CA 94550

Phone (925) 373-5313
Fax (925) 373-5034
www.abodeservices.org

Note: In order for your application to be accepted, you must first contact the Case Manager for a pre-screening session.

Completed Application Check list:

- Eligibility Pre-Screening with Case Manager (call 925-373-5313)
- 2 Letters of recommendation from employer/school (*signed originals on letterhead*)
- Personal letter of interest and career plan from applicant (one page)
Must include:
 - Statement of personal hardship (reasons why you are in need of a scholarship, what has led you to be in the position you are in currently etc.)
 - Career plans leading to self-sufficiency
 - (Urgent) need for housing assistance
 - The impact the Housing Scholarship Program will have in supporting you to achieve Self-Sufficiency goals
- Current resume
- Current transcripts to date (*official*)
- Current Student Education Plan (SEP) from campus counselor (*official*)
- 3 samples of post-training job descriptions in your field (must include education requirements and labor market salary information)
- Signed verification of employer sponsored training (if applicable)
- Verification that student/employee is in good standing in current academic or vocational program (if applicable)
- Proof of Income (last 3 consecutive and most recent pay stubs)
- Most recent utility bills (PG&E, Phone, water/garbage etc.)

Please answer all questions in detail. Write N/A if not applicable.

All required documents must be on original letterhead and must not be older than 60 days (at the time the application is submitted).

Copies of official documents requested will not be accepted and may cause a delay in the processing of your application.



TRI-VALLEY HOUSING SCHOLARSHIP PROGRAM APPLICATION

Please answer all questions in detail. Write N/A if not applicable.

Name: _____ Application Date: _____

S.S. Number _____ Date of Birth _____ Age _____ Gender M F

	Single Race	Multiple Race
Ethnicity:	_____ White	_____ Am. Indian/Alaskan White
_____ Hispanic	_____ Black/AfricanAmerican	_____ Asian & White
_____ Non-Hispanic	_____ Asian	_____ Black & White
	_____ American Indian/Alaskan	_____ Am. Indian/Alaskan & Black
	_____ Native Hawaiian/Pac. Islander	_____ Balance / Other

Is English your first language? Yes No If no, what is your first language? _____

Do you require translation services? _____

Have you ever been convicted of a crime? Yes No If yes, please explain (include date(s): _____

Will there be another adult living with you? Yes No If so, please complete the following:

Name: _____ Relationship to Apt: _____

S.S. Number _____ Date of Birth _____ Age _____ Gender M F

	Single Race	Multiple Race
Ethnicity:	_____ White	_____ Am. Indian/Alaskan & White
_____ Hispanic	_____ Black/AfricanAmerican	_____ Asian & White
_____ Non-Hispanic	_____ Asian	_____ Black & White
	_____ American Indian/Alaskan	_____ Am. Indian/Alaskan & Black
	_____ Native Hawaiian/Pac. Islander	_____ Balance / Other

CURRENT CONTACT INFORMATION

Address: _____

Do you consider this a temporary residence? Yes No

Do you need resources to find rental housing? Yes No

Phone: _____ Cell: _____ Other: _____

E-Mail _____ How often checked? _____



EMPLOYMENT HISTORY

Are you currently employed?

- Yes, part time Yes, full time Position _____
 Federal Work-Study Program Position _____
 No. Date of last employment: _____

Are you participating in an on the job training program? Yes No

Name and phone number of your supervisor: _____

EDUCATION

* Previous education:

- Some College _____ units
 Associate's Degree in _____ Date: _____
 Certificate in _____ Date: _____
 BA/BS _____ Date: _____
 Other _____

Please identify your current major or field of training:

Name, address and phone number of school or training program:

Please provide the exact name of the Certificate or Degree you will receive:

Academic Program contact person and phone number:

Current school schedule (days/times):

* How many credits do you have towards completion? _____

* How many credits do you still need to complete your educational program? _____

* Scheduled Completion or Graduation Date _____ (*verification will be required*)

Is an internship or externship required to complete your training? Yes No



What occupations will you be qualified for after you have completed training?

Are job placement services available through your school? Yes No

Based on your research, what is the salary you should earn when you complete your training?

_____ Where did you get this information? _____

Do you have career goals that extend beyond your current training? Yes No

If yes, please explain: _____

FINANCIAL

PLEASE LIST INCOME AMOUNT AND SOURCE FOR EACH HOUSEHOLD MEMBER

Source:	Applicant	Spouse	Other	Other
Wages/Self Employment				
Cal Works/GA				
Social Security				
VA Benefits/Pensions				
Unemployment Benefits				
Disability Benefits				
Child and/or Spousal Support				
Other (identify):				
TOTAL Income Per Household Member				
TOTAL Household Income				

Will your post-graduation expenses be more than projected earnings? Yes No

If there is a projected earnings shortage (such as loans etc.), what is your plan for self-sufficiency?

How many dependents do you have? _____

Is anyone in your household pregnant? Yes No If so, who? _____



What is the baby's due date? _____

Please list all of the persons who you plan to live with you:

Name	Relationship	D.O.B	S.S.N.	Gender

In case of emergency please contact: _____
(name, phone number and relationship)

HOUSING

Have you been evicted from a place of residency? Yes No

If so, when and where? _____ Please explain the
circumstances: _____

Are you paying rent at your current residency? Yes \$_____ No

Please list one previous Property Owner/Manager. (Please include their name, address and phone number):

(name, address, phone number)

Have you ever received Section 8 housing or been housed through any Housing Authority in Alameda County? Yes No If so, when and where? _____

Are you on a Section 8 or Public Housing waiting list? Yes No

If yes, where? _____ Date placed on list: _____

TRANSPORTATION

Do you own a car? Yes No

Do you make car payments? Yes \$_____ per month No



Please describe the condition of your car, its reliability, and its need for repair.

How would you arrange for transportation if you are unable to drive your own car?

Do you know how to get to your destinations by public transportation? Yes No

CHILD CARE (IF APPLICABLE)

Please List Your Current Child Care Arrangements For Each Child

First Name of Child	Age	Child Care Cost	How does your child get to/from Child Care?

Is your childcare subsidized? _____ How much do you pay for childcare each month? _____

What is your plan for childcare when you child is sick or out of school? _____

SUPPORTIVE SERVICES

What supportive services are you currently receiving? Please fill out completely, indicating name of program/organization/agency/contact information.

Employment: _____

Food: _____

Medical Care: _____

Housing: _____

Counseling/Psychiatric: _____

Domestic Violence: _____

Do you require educational or housing accommodations due to a disability? Yes No



Do you want access to personal counseling? _____

PLANNING

What do you consider your most significant concerns/issues that need to be addressed? Please explain in detail and include anything that could be a barrier to employment.

What steps have you already taken to address these concerns? Please be specific.

Applicant(s) declare under penalty of perjury that all of the information in this application and all information furnished in its support is true and complete to the best of the applicant's knowledge and belief. Any misrepresentation of this application will result in immediate denial of this application or termination from the program. By signing below, Applicant(s) agree verification may be obtained from any source.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____

