

The following documents are required for the Advance Housing referral packet (for a CoC referral):

- Resident Application for Housing (attached)
- Background Check Consent (attached)
- SRAP Application (needed for agency-owned housing, not needed for HUD McK) (attached)
- SRAP Certification of Disability (needed for agency-owned housing, not needed for HUD McK) (attached)
- Documentation of Homelessness (use chronic homelessness checklist even if not chronic) (attached)
- Social Security Award Letter for current year (if not on SSI or SSD, inform agency to determine other acceptable income verification)
- Birth Certificate
- Social Security Card
- Photo ID (current)
- Verification of Disability (attached)
- Psychiatric Evaluation from within the past year

Additional Note: Consumers must have a primary diagnosis of a chronic mental illness (schizophrenia, schizoaffective disorder, major depressive disorder - recurrent, bipolar disorder, etc.).

Current living arrangement: Homeless Shelter Room Apartment Group Home

Other: _____

Reason for leaving? _____

If you are homeless, how long have you been homeless? _____

How many times in the last 3 years have you been homeless? _____

Do you currently have a Housing Voucher or a Section 8 Certificate? Yes No

Are you receiving Temporary Rental Assistance? Yes No

If yes, when does it expire? _____

What is your total annual income? _____ Source of income? _____

Do you have any assets? (i.e. checking, savings, IRA, 401K) If so list type of asset and annual income. _____

Has there ever been a judgment, foreclosure, bad debt, or collection against you? Yes No

Have you ever been evicted? Yes No

If yes to either question, please explain: _____

In case you are unable to be reached, please provide alternate contact information:

Name: _____ Relationship to you: _____

Phone number(s) _____

Who referred you to this agency? _____

AGREEMENT

I am requesting an application for a rental with Advance Housing, Inc. I certify that all statements made on this application are true, correct and complete and that all income has been listed. I understand that Advance Housing, Inc. can request a credit check, a background check, income verification, housing status and disability verification to assist in determining my eligibility and that if I have falsified or withheld information, it may be used as grounds to deny my application.

Signature _____ Date _____

This data and all data received by the management relative to income of applicant is regarded as being confidential in nature and protected accordingly to the extent permitted by law.



Rental Application Form

Applicant Information

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|------|-------|----------|
| Last Name <input checked="" type="checkbox"/> First Name <input checked="" type="checkbox"/> M.I. | | | Co-Applicant Last Name | | | First Name | | | M.I. | | |
| Date of Birth | Social Security Number | Home Telephone | Date of Birth | Social Security Number | Home Telephone | | | | | | |
| Current Street Address | | | City | State | Zip Code | Co-Applicant Current Address (if different) | | | City | State | Zip Code |
| Previous Street Address | | | City | State | Zip Code | Co-Applicant Previous Address (if different) | | | City | State | Zip Code |
| Length of Residence at Current Address | Ever Filed for Eviction? | Own or Rent? | Length of Residence at Current Address | Ever Filed for Eviction? | Own or Rent? | | | | | | |
| ___ months | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Own <input type="checkbox"/> Rent | ___ months | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Own <input type="checkbox"/> Rent | | | | | | |

Present Housing Information

| | | | |
|------------------------|---------------------------|-------------------------------------|---------------------------|
| Landlord or Agent Name | Landlord Telephone Number | Co-Applicant Landlord or Agent Name | Landlord Telephone Number |
| | () - | | () - |
| Reason for Leaving | Length of Rental | Reason for Leaving | Length of Rental |
| | ___ months | | ___ months |
| | Monthly Rent | | Monthly Rent |

Employment Information

| | | | |
|-----------------------|------------------|--|---|
| Present Employer Name | Position | Co-Applicant Employer Name | Position |
| Supervisor Name | Telephone Number | Supervisor Name | Telephone Number |
| | () - | | () - |
| Employer Address | City | State | Zip Code |
| Employed From | To | Salary per | Employed From |
| | | <input type="checkbox"/> month <input type="checkbox"/> year | To |
| | | | Salary per <input type="checkbox"/> month <input type="checkbox"/> year |

Banking Information

| | | | |
|--|--|--|--|
| Bank Name | Telephone Number | Name | Telephone Number |
| | () - | | () - |
| Account Number | Ever Filed for Bankruptcy? | Account Number | Ever Filed for Bankruptcy? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Account Type | Account Type | Account Type | Account Type |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

Emergency Contact Information

| | | | |
|---------|------------------|---------|------------------|
| Name | Telephone Number | Name | Telephone Number |
| | () - | | () - |
| Address | Relationship | Address | Relationship |

Other Information

| | | | |
|--|---|--------------------------------|--|
| Car Year / Make / Model | License Plate State / Number | Car Year / Make / Model | License Plate State / Number |
| / / | | / / | |
| Other Residents (Names / Ages) | Other Residents (Names / Ages) | Other Residents (Names / Ages) | Other Residents (Names / Ages) |
| Have you ever been convicted of a crime? | If "Yes", Date of Most Recent Conviction? | Nature of Conviction | Have you ever been convicted of a crime? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes", #: _____ | | | If "Yes", #: _____ |

Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is rejected.

Applicant: Date: _____ Co-Applicant: Date: _____

OFFICE USE ONLY

| | | |
|--------------------|---------------------------|--|
| NTN Access Number: | Address/Unit Applied for: | Monthly Rent Amount for unit applicant is applying for: \$ |
| Date Screened: | Projected Move-In Date: | Apartment / Unit Type: |

Advance Housing, Inc.
100 Hollister Road Suite 7
Teterboro, NJ 07608

SRAP PROJECT-BASED ASSISTANCE PROGRAM

CERTIFICATION OF DISABILITY

Applicant's Name: _____

The above named person is applying for participation in the SRP Project -Based Assistance Program administered by the New Jersey Department of Community Affairs. To determine the applicant's eligibility, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define disability as follows:

- A. A person with a physical, mental, or emotional impairment that:
 - 1. Is expected to be of long continued and indefinite duration;
 - 2. Substantially impedes his or her ability to live independently; and
 - 3. Is of such a nature that such ability could be improved by more suitable housing conditions.

- B. A severe, chronic, developmental disability which:
 - 1. Is attributable to mental or physical impairment or combination of mental and physical impairments;
 - 2. Is manifested before the person attains age twenty-one;
 - 3. Is likely to continue indefinitely;
 - 4. Results in substantial function limitations in three or more of the following area of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and
 - 5. Reflects the person's need for a combination of and sequence of special, interdisciplinary, or generic care, a treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

CERTIFICATION OF DISABILITY

I certify that the above referenced person is disabled according to the above definition(s) I have indicated.

(Please check the definition(s) that applies) [] A; [] B; and describe your patient's condition:

Estimated duration that the disability will continue: _____

Physician's Name: _____

Physician's License Number: _____

Address: _____

Telephone Number: _____

Physician's Signature: _____

Date of Signature : _____

Client Authorization

Date

Advance Housing, Inc.
Verification of Disability

Date: _____

To: _____

From: Gina Gaffney, LPC, ACS
Name of Sender

Address

Clinical Director
Title of Sender

Advance Housing - Sussex
Address

Re: _____
(Individual Claiming Disability)

The above-named person participates in a federally-assisted program operated by Advance Housing, Inc. To continue to assist this person, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define disability as follows:

- A. A person with a physical, mental, or emotional impairment that:
 - 1. Is expected to be of long continued and indefinite duration;
 - 2. Substantially impedes his or her ability to live independently; and
 - 3. Is of such a nature that such ability could be improved by more suitable housing conditions

OR

- B. A severe, chronic developmental disability which:
 - 1. Is attributed to mental or physical impairment or combination of mental and physical impairments;
 - 2. Is manifested before the person attains age twenty-two;
 - 3. Is likely to continue indefinitely;
 - 4. Results in substantial functional limitations in three or more of the following areas of major life activity: (i) self-care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and
 - 5. Reflects the person's need for a combination of and sequence of special, interdisciplinary, or generic care, a treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated.

Please complete the Certification of Disability and return it at your earliest convenience.

Sincerely,
Gina Gaffney, LPC, ACS, Clinical Director
Signature

Advance Housing, Inc.
Certification of Disability

Re: _____
(Individual Claiming Disability)

I certify that the above referenced person is disabled according to the above definition(s)
I have indicated.

(Please check the definition(s) that applies)

A
 B

and describe your patient's condition:

DIAGNOSIS: _____

Estimated duration that disability will continue: Indefinitely

Physician's Name: _____

Physician's License Number: _____

Address: _____

Telephone Number: _____

Physician's Signature: _____

Date of Signature: _____

Advance Housing, Inc. - Sussex Chronic Homelessness Documentation Checklist

An individual is defined by HUD as "Chronically Homeless" if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). Breaks in homelessness, while the individual is residing in an institutional care facility will not count as a break in homelessness. Additionally, an individual who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the above mentioned criteria may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).

| | |
|-----------------------------|---|
| Client Name: | Date of Birth: |
| Number in Household: | Client Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part 1: Current Housing Status

Client must currently be in one of these locations in order to be considered chronically homeless.

Client is currently residing:

- In Emergency Shelter
- On the Streets/Place not Meant for Human Habitation
- In the Safe Haven
- In an Institutional Care Facility (Where they have been for fewer than 90 days)

| | |
|--------------------------|------------------------|
| Start Date: _____ | End Date: _____ |
|--------------------------|------------------------|

Location Name/Address:

Current Housing Status Notes:

Part 2: Housing History

| | Month # 1 | Month # 2 | Month # 3 | Month # 4 | Month # 5 | Month # 6 | Month # 7 | Month # 8 | Month # 9 | Month # 10 | Month # 11 | Month # 12 | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mo./Yr. | (Current Month) | | | | | | | | | | | | |
| Location | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) |
| Doc. Type | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence | <input type="checkbox"/> HMIS <input type="checkbox"/> Obsv. By Outreach <input type="checkbox"/> Comp. Database <input type="checkbox"/> Discharge Paperwork <input type="checkbox"/> Referral <input type="checkbox"/> Self-Cert. <input type="checkbox"/> Staff Doc. of Situation <input type="checkbox"/> Doc. of steps to obtain evidence |
| Check One (Except Self-Cert. select both) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | <input type="checkbox"/> Streets <input type="checkbox"/> Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Inst. (<90 days) | |
| Doc. Att. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|------------------|---|
| Break 1: | |
| Break 2: | |
| Break 3: | |
| Notes | If there are additional breaks please detail and attach. |
| Self-Cert. Check | Does the documentation include more than 3 Months of Self-Certifications? * <input type="checkbox"/> Yes <input type="checkbox"/> No * Please be advised that if you answered YES, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified. Please check with you project administrator to ensure your project has not exceeded its self-certification cap. |
| Key | Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description |

Part 3: Disability Status

The term *homeless individual with a disability* means an individual who is homeless, as defined in section 103, and has a disability that

- Is expected to be long-continuing or of indefinite duration;
 - Substantially impedes the individual's ability to live independently;
 - Could be improved by the provision of more suitable housing conditions; and
 - Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

The head of household has been diagnosed with one or more of the following (check all that apply):

- Substance use disorder
- Serious mental illness
- Developmental disability
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability
- Other:

Documentation Attached:

- Written verification of the disability from a licensed professional;
- Written verification from the Social Security Administration;
- The receipt of a disability check; or
- Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.

Disability Notes:

Part 4: Staff and Client Certifications

Client Certification:

To the best of my knowledge and ability, all the information provided in this document is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify _____ of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.

Client Name: (Printed)

Client Signature:

Date:

Staff Certification:

To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.

Staff Name: (Printed)

Staff Signature:

Date:

Staff Role:

Agency:

Notes: