

Vincent House Application

The Vincent House Transitional Shelter provides shelter and supportive services for homeless families with children while they work toward higher levels of self-sufficiency and prepare to move to their own housing. Vincent House Transitional Shelter program helps our residents by providing intensive, individualized case management and required participation in strong and proven programming. Our program requires strict compliance with our rent/program fees, Case Management and Family Engagement, along with group activities.

When completing this application, please include your full name and current phone number, email or other contact information. This will be used as a means of contact for residency. Once applications are processed, applicants are placed on a waiting list. Applicants should be clear of the following to be considered for housing: No active warrants, no history of convictions for sexual or violent crime against children, at least 3 years free of conviction for sexual or violent crimes against a person over the age of 18.

Applicants must be able to pass a drug test at time of intake and fall within income guidelines.

Application date: _____

Applicant 1 Name _____ Aliases/Maiden Name: _____

Age _____ DOB _____ Applicant 1 Phone # _____

Applicant 2 Name _____ Aliases/Maiden Name: _____

Age _____ DOB _____ Applicant 2 Phone # _____

Current Shelter/ Address _____ Referring Case Manager _____

How long at above address: _____

Previous stay at VH/ VV? ___ No ___ Yes: when: _____

Alternate/ Emergency phone # _____ Previous Address _____

Email _____

Other Family Members:

Name _____ Age _____ DOB _____

Relationship: _____

Name _____ Age _____ DOB _____

Relationship: _____

Name _____ Age _____ DOB _____

Relationship: _____

Name _____ Age _____ DOB _____

Relationship: _____

Name _____ Age _____ DOB _____

Relationship: _____



Name _____ Age _____ DOB _____

Relationship: _____

Applicant 1 Employed: ___ No ___ Yes: where: _____ #hours: _____

Shift: 1st 2nd 3rd (circle one)

Applicant 2 Employed: ___ No ___ Yes: where: _____ #hours: _____

Shift: 1st 2nd 3rd (circle one)

Current Monthly Gross Income _____ Source of Income _____

Do you have previous evictions: ___ No ___ Yes Owe money (amount?): _____

When: _____ Evictions for Applicant 1 or Applicant 2? _____

Anyone in family: convicted of crime ___ No ___ Yes; parole/ probation ___ No ___ Yes;
outstanding warrants ___ No ___ Yes

If yes to above, explain: _____

Is family working with any other agencies/ programs (BB/BS, DCS, SCAN, Bowen, Park Center, B&G Club, etc): _____

Any current illness/ allergies/ medical conditions? If yes, please explain:

Any special accommodations needed due to a physical or mental health condition?

If yes, please state accommodations needed:

I understand that if I am accepted into Vincent Village's programs:

- 1. I must pay rent/program fees as required.**
- 2. Unless I am disabled, I must work and/or attend school.**
- 3. Vincent Village is a substance free agency and drug screens may be required per staff request.**
- 4. I will be expected to follow all program rules and participate in setting & working goals to the best of my abilities.**

I affirm that all the information I have provided is true and complete, and I understand that any false or misleading information could result in termination of current or future services by Vincent Village, Inc.

Signature of Applicant

Date

Referring Case Manager's Signature

Date

Submit Application and 2 attached documents at shelter (2827 Holton Ave, Fort Wayne, IN 46806) or by emailing: mmicklitsch@vincentvillage.org; Questions: Call 260-456-4712



Authorization to Release/Exchange Information

I/we _____, request and authorize Vincent Village, Inc.
Applicant, Client

To: _____ Obtain, _____ Release, or _____ Exchange information with:

The information to be shared or released is:

For the purpose of:

Strengthening the individual and family as self-sufficiency is attempted and achieved.

My signature means that:

1. I have read this authorization or have had it read to me. I understand and agree with its contents.
2. I have been informed that no other information may be released without my written consent.
3. I understand that I may revoke this authorization by written statement at any time.

Signed: _____
Applicant, client, or guardian Date

Signed: _____
Applicant, client, or guardian Date

Signed: _____
Witness Date

TENANT INCOME CERTIFICATION QUESTIONNAIRE

NAME: _____	()	TELEPHONE NUMBER: _____
<input type="checkbox"/> Initial Certification		BIN # _____
<input type="checkbox"/> Re-certification		
<input type="checkbox"/> Other		Unit # _____

INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I/we am self employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic social security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am/are currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive alimony/spousal maintenance payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ \$ _____ 2) _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive income from real or personal property.	(use <u>net</u> earned income) \$ _____

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

<input type="checkbox"/>	<input type="checkbox"/>	I/we have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have an IRA/Lump Sum Penion/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a whole life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

STUDENT STATUS

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (1 st grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to either of the previous two questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Married and filing a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE