

RAP APPLICATION

Name: _____

Phone: _____

Current Address: _____

County: _____

Current Household Information:

1. Household Size: How many people will be/are currently living in the unit? _____

List household members:

NAME	AGE

2. Household Income: List CURRENT earned income and unearned income for all household members. Include wages from employment, unemployment, child support, social security, disability, gifts and any type of regular financial assistance.

NAME	INCOME SOURCE	AMOUNT	FREQUENCY (ANNUAL, WEEKLY, HOURLY)

3. Do you have any of the following?

- Checking Account
- Savings Account
- Retirement Account
- Annuities

4. Current Housing Status

A. Literally Homeless: (check one)

- Sleeping in an emergency shelter including hotels or motels paid for by non-profit or government
- Sleeping in a place not meant for human habitation (car, park, street)
- Staying in an institution for up to 90 days but was sleeping in a shelter or in a place not meant for human habitation immediately prior to entry
- Graduating from or timing out of a transitional housing program for homeless persons
- Victim of domestic violence and in need of RAP assistance to leave situation
- Homeless youth under 25 years of age

B. At Risk of Homelessness (check all that apply)

- Court order resulting from eviction. Residence will be lost within 14 days from date of application
- Leaving a hotel/motel due to lack of financial resources to stay
- Lack the financial resources and support necessary to obtain permanent housing

Housing Stability Assessment

Permanent Housing Placement Options: Identify 1 or more permanent housing options:

Option 1:	Est. Achievement Date	
Option 2:	Est. Achievement Date	
Option 3:	Est. Achievement Date	

Housing Stability Timeline: Are any of the above options reasonably achievable within 1-11 months?

Yes No

If no, refer applicant to other appropriate assistance and/or communities. If yes, continue with Housing Stability Plan.

Applicant Certification

I have reported all sources of income for my household, have accurately described my housing status, and have provided all required documentation. I have disclosed all housing options, financial resources and support networks in this application for housing assistance, and have participated with the authorized staff person in assessing all options, resources, and support networks.

Applicant Signature

Date

Staff Certification

I understand that ESG RAP assistance is for those households at the greatest risk of becoming homeless, and that I am responsible for assessing and documenting the applicant's status.

Applicant Signature

Date