

Always Home, Inc.

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Always Home | PREVENTING FAMILY HOMELESSNESS
Serving Communities Since 1998

HOUSING ASSISTANCE ELIGIBILITY FORM

Upon review of the completed form, Always Home’s Case Manager will establish eligibility. Completion of the form does not guarantee services.

Do you need assistance filling out and/or understanding applications? Yes No

Is there a language barrier? Yes No

Do you need an interpreter? Yes No If yes, what is your Primary Language _____

Date: _____

Name: _____

Current Address: _____

City/Town: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Email Address: _____

How long have you lived at this address? _____

Did you pay your rent/mortgage on time? Yes No

If not, please explain: _____

Did you pay by: Cash Check Money Order Other

If you rented, how would you rate your relationship with the landlord? Good Fair Poor

Were you responsible for paying utilities? Yes No

If yes, which ones: Water Electric Gas Oil Cable

Are you or a member of your household currently working with any Social Service Agency?

If yes, please list services below.

SERVICES INVOLVED WITH HOUSEHOLD (ex. DCF, CHR, DSS, etc.)

Name	Address	Phone #	Contact Person

Emergency Contact:

Name: _____ Phone Number: _____ Relationship to you: _____

FAMILY INFORMATION

The following Family Information is required for data tracking purposes only and will not be used to determine program eligibility. Please complete for all members of the household including yourself.

Full Names of All Household Members (First, MI, Last)	Relationship to Head of Household	Date of Birth	Gender Identity	Race *	Ethnicity **	Veteran (Y/N)	Disability (Y/N)	Parental Status (Custodial or Non-Custodial)	Highest Educational Level Attained
	<i>SELF</i>								

* Please indicate whether you identify as White; Black or African American; American Indian or Alaskan Native; Asian; Native Hawaiian or Pacific Islander; or Other. If you self-identify as more than one race, please indicate them in the chart or here _____.

**Please indicate whether you identify as Hispanic or Latino/a/x or Non-Hispanic/Non-Latino/a/x

What is your Marital/Relationship Status: **Single** **Married** **Divorced** **Widowed** **Living with Partner**

Schools Minor Children Attend

Child's Name	Age	School/Town	Grade	Phone Number

Do you need childcare? Yes No If yes, do you need childcare but cannot afford it? Yes No

Do you and all family members in your household currently have health insurance? Yes No

If yes, who is the Insurance Carrier? _____

Do you and all family members in your household currently have dental insurance? Yes No

If yes, who is the Insurance Carrier? _____

Do you or any family members have a medical condition, disability or mental health/substance abuse issue.

If yes, please detail below.

Name	Condition	Medication	Severe, Moderate Seasonal

HOUSING INFORMATION

Why do you feel that you are at the risk of being homeless?

Reason(s) for loss of housing/becoming homeless: _____

Have you ever been homeless before? Yes No

If yes, how many times? _____

When? _____ Where? _____

Reason(s): _____

Have you ever been evicted before? Yes No

If yes, please detail how many times and reason for evictions: _____

Have you ever received Security Deposit, Rental, or Eviction Assistance or other support from Always Home or another agency? Yes No

If yes, please explain: _____

Have you ever applied for Section 8 or public housing? Yes No

If yes, please explain: _____

Have you ever lived in subsidized housing? Yes No

If yes, please explain: _____

Where are you looking for housing? (Please list towns and states if other than CT) _____

EMPLOYMENT INFORMATION

Are you employed? Yes No

If no, are you looking for work? Yes No

If yes, are you employed full-time or part-time _____ Hours worked per week? _____

Name of Employer: _____

Employer Address: _____

City/Town: _____ State: _____ Zip Code: _____

Employer Phone Number: _____ Dates of Employment: _____

Is school or job training a consideration? Yes No

If yes, what are your interests: _____

If applicable, would you be interested in exploring GED classes? Yes No

Do you have a Social Security Number and card? Yes No

Do you have any major barriers to work (transportation, childcare, disability etc.)? Yes No

If yes, what are the barriers: _____

Do you have access to public transportation or a reliable car? Yes No

Do you have a VALID driver's license? Yes No

If yes, provide License #: _____ Licensing State: _____ Expiration Date: _____

FINANCIAL INFORMATION

The following information is required to determine eligibility for the program. Please include income of all working household members. Proof of income (pay stubs etc.) will be required if deemed eligible for services.

Income Source	Recipient Name	Case Number	Recert. Date	Monthly Amount
Wages – Full Time				
Wages – Part Time				
TANF				
SSI/SSDI				
Food Stamps				
Unemployment Benefits				
Child Support				
Other (Please explain below)				

Other: _____

Do you have a checking/savings account? Yes No

If yes, how much are you able to save? \$_____per month

Do you have outstanding bills (Rent, Utilities, Insurance, Car Payment, Phone, Credit Card, etc.)? Yes No

If yes, name them and the balance due below.

Name of Individual/Company Owed	Amount Owed

ALWAYS HOME CASE MANAGER: (Print Name): _____

Signature: _____ Date: _____

HOUSEHOLD APPLICANT: (Print Name): _____

Signature: _____ Date: _____