


<p>Instructions for: The Universal Housing Application</p>	 <p>DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING</p>
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Description: the Universal Housing Application includes the Client’s basic information such as: contact information, household composition, identification and requests for reasonable accommodations. This information should be gathered during the assessment process and should assist with prescreening the Client’s eligibility for permanent supportive housing programs and ensuring the right housing unit match.

Applicability: the Universal Housing Application should be filled out for all Clients during the assessment process. The Universal Housing Application is required for the following subsidy programs:

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

General Instructions: the Universal Housing Application form should be filled out by the Client who will be the Head of the Household/Primary Applicant.

The Client should fill out sections 1 through 3, completely, using the instructions, below, and then wait for further instructions. On both the application and these instructions, the Client only needs to focus on the spaces that are white. The instructions included in these spaces are addressed to “the Client” completing the form. These may be read out or shown to the Client.

Spaces that are lightly colored are for **Staff Use Only**. Instructions within these spaces are addressed to “Access Point/Coordinated Entry/Housing Navigation staff” and may include process instructions, ex. “upload into the ONE System.”

Section	Topic	Instructions
	<i>For Staff Use Only:</i> ONE System ID	<i>Access Point/Coordinated Entry/Housing Navigation staff: fill in the ONE System ID.</i>
Section 1: Basic Information:	General Information	Fill out this section as completely as possible.

		At a minimum, include your full name and one form of contact information (phone no., email address, or mailing address) is ok.
	Marital Status	Be sure to select (only) one option.
	Language(s) spoken	This is optional, but please tell us if you prefer a language other than English and/or if you need an interpreter.
	Do you need an interpreter?	
	Do you need help to complete the application?	Check this box if you need assistance in completing the application.
	Are you requesting a reasonable accommodation(s) for your housing unit?	Check this box if you are requesting a reasonable accommodation(s) under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.
Note: If you check this box, your Access Point/Coordinated Entry/Housing Navigation staff person will need to fill out Attachment 1: Reasonable Accommodation(s) with input from you.		
You will need to provide a letter from a reliable third party verifying the disability for which you are requesting a reasonable accommodation. The letter may come from a doctor or other medical professional, a peer support group, a non-medical service agency, or a reliable third party who is in a position to know about the individual's disability may also provide verification of a disability. ¹		
	For Staff Use Only: <i>Reasonable Accommodation(s)</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>if the Client is requesting a reasonable accommodation, please complete and attach:</i>

¹ Source: <https://www.hud.gov/sites/documents/huddojstatement.pdf>

		<ul style="list-style-type: none"> ▪ Attachment 1: Reasonable Accommodation(s) Questionnaire, and then check the box. ▪ <i>A letter from the from a reliable third party verifying the disability for which a reasonable accommodation is being requested, and then check the box.</i> ▪ <i>Note: although this letter is sufficient for staff to rely on for to confirm the initial housing match, additional substantiation of the disability for which the Client is seeking a reasonable accommodation may be required by the provider.</i> ▪ <i>Make sure that all attached documents are uploaded into the ONE System.</i>
	<p>Pets</p>	<p>Do you have any pets that are not considered to be service or support animals? Note: refer to definitions in glossary.</p> <p>If so, please fill out this section with all of the information that you have about each of your pets.</p>
	<p>Head of Household</p>	<p>Fill out this line with your own information, as Head of Household.</p> <p>If any information is unknown, write “unknown”.</p>
	<p>Additional Family Members</p>	<p>Here, you will need to list out all members of your household.</p> <p>This should include everyone who will live with you in your housing unit, even if they currently do not live with you.</p>

		<p>For each household member please include:</p> <ul style="list-style-type: none"> ▪ Their relationship to you ▪ The last four digits of their social security number ▪ Date of birth ▪ Age ▪ Gender <p>If any information is unknown, write “unknown”.</p>
	Disability	<p>If you or other members or your household have a disability, write “Y” in this column.</p> <p>If not, write “N”.</p>
	For Staff Use Only: Disability	Access Point/Coordinated Entry/Housing Navigation staff: <i>if the Client or a member of the Client’s household has a disability, fill out Form G for each individual member of the household who has a disability.</i>
	Student	<p>If you or other members or your household are (or will be) a student, write “Y” in this column.</p> <p>If not, write “N”.</p>
	For Staff Use Only: Student	Access Point/Coordinated Entry/Housing Navigation staff: <i>if the Client or a member of the Client’s household is/will be a student, fill out Form H for each member of the household who is/will be a student.</i>
	Personal Care Attendant	<p>If you have a personal care attendant that will be residing your housing unit, check “Yes”.</p> <p>If not, check “No”.</p>

	For Staff Use Only: <i>Personal Care Attendant</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>please note that the housing provider will collect the personal care attendant’s information (name, SS#, etc.) and will likely require a background check. This information will typically be requested at the intake interview.</i>
Section 3. Identity Verification	Name (First, Middle, Last)	Fill out this column for each member of your household included in Section 2. Household Composition.
	For Staff Use Only: <i>Identification Required</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>use this table to determine what form(s) of identification are required, based on the checklist(s) that apply to the PSH unit.</i>
	For Staff Use Only: <i>Acceptable Forms of Identification</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>use Table 1. Acceptable Forms of Identification to determine what forms of identification are acceptable for each category of required identification (i.e. photo identification, social security #, citizen/legal resident status.)</i>
	For Staff Use Only: <i>Identity Verification</i>	Access Point/Coordinated Entry/Housing Navigation staff: <ul style="list-style-type: none"> ▪ <i>collect the required identification from each adult member of the household</i> ▪ <i>fill in the appropriate information for each ID</i> ▪ <i>upload a copy into the ONE System (and check the box)</i>
Section 4. Certifications	Signatures	STOP – do not sign or date this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.

	<p>For Staff Use Only: Signatures</p>	<p>Access Point/Coordinated Entry/Housing Navigation staff: a signature is required from each adult (age 18+) member of the household. If there are more than two (2) adult members of the household, please collect the additional signature(s) on Attachment 2: Additional Signature(s) (and check the box).</p>
<p>Section 5. Housing Navigator Information</p>	<p>For Staff Use Only: Housing Navigator Information</p>	<p>Access Point/Coordinated Entry/Housing Navigation staff: please provide the name and contact information for the Housing Navigator. This should be the individual who will serve as the primary point of contact for the PSH provider during the rehousing process.</p>
<p>Section 6</p>	<p>For PSH Housing Provider Use ONLY</p>	<p>Access Point/Coordinated Entry/Housing Navigation staff: leave this blank, the PSH providers will fill this in if it is required by their subsidy program(s).</p>
<p>Section 7</p>	<p>For PSH Housing Provider Use ONLY</p>	<p>Access Point/Coordinated Entry/Housing Navigation staff: you may leave this blank, the PSH providers will fill this in with Client either at the intake interview, or at lease signing. However, it would be good to advise the Client that this information will be requested by the provider.</p>