



Building Futures: Family AIDS Housing
 1440 Meridian Place, NW Washington, DC 20010
 Telephone: (202) 639-0361 Fax: (202) 639-0276

Date Received: _____
 Bedroom Size: _____
 Priority: 1 2 3
 Lottery Number: _____
 Housing Status Code
 For Office Use Only

Application for the Rental Assistance Program

Date of Application: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Applicant Telephone Number: _____

Referral Agency: _____ Telephone: _____ FAX: _____

Case Manager: _____

Age: _____ Date of Birth: ____/____/____ Sex: (circle one)
 M F

DIAGNOSIS: (check one)
 HIV Positive Asymptomatic (Stage One) _____
 HIV Positive Symptomatic (Stage Two) _____
 Full Blown AIDS (Stage Three) _____

For Statistical Purposes Only

Race: (circle one) Ethnicity: (circle one)
 White Hispanic
 Black Non-Hispanic
 Am. Indian/Alaskan Native
 Asian/Pacific Islander

HOUSEHOLD COMPOSITION:

Total number of household members expected to live in the unit: _____

Please identify all members in the space provided below.

	Last Name, Middle Initial, First Name	HIV Status (I,II,III or pediatric)	Social Security Number	Relation to Head of Household	Sex M/F	Date of Birth
1.						
2.						
3.						
4.						
5.						
6.						

INCOME:

Please list all regular income expected to be earned or received by the household. This list should include **all** types of income received, such as AFDC or public assistance, social security benefits, disability compensation, salary or wages, child support, and alimony.

Name of person receiving/earning income	Type of Income (i.e. AFDC, SSDI, Wages)	Name and Address of Employer or Source of Income	Gross Monthly Income	Gross Annual Income (monthly X 12)

Total Annual Gross Income: \$_____

HOUSING HISTORY:

Current Situation:

Are you homeless? _____

*defined as lacking a fixed, regular and adequate night-time residence, including those residing in temporary shelters and transitional housing

Are you currently paying rent for your living situation? _____

Current Monthly Rent \$_____

Describe your current living situation.

Current Address:

Street Address (include apartment number): _____

City, State, Zip Code: _____

Name of Property Owner: _____

Phone Number of Property Owner: _____

How long have you lived here? _____

If you are currently in a permanent housing situation, would you prefer to remain at your present address or relocate? Remain Relocate (please circle one)

APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing. If I am offered a rental subsidy, and I am not able to locate a unit within the time allowed, I will have to re-apply for further assistance. I understand that it is my responsibility to inform the housing agency **in writing** of any change in my address, income, household composition, or priority status. I authorize the housing agency to verify the truth of the information I have given in this application. I understand that the information contained in my application may be subject to audit. I understand that any false statement or misrepresentation may result in the cancellation of my application and program participation should I begin to receive rental assistance.

I certify that the information that I have given in this application is true and correct.

Applicant Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize Building Futures
Name of Applicant
and its staff to contact any federal, state, or local agencies or authorities, or any private businesses, corporations, financial institutions, or persons it deems necessary to obtain any information or materials needed to complete my application for participation in the rental assistance program administered by Building Futures . I authorize Building Futures to make use of information collected for evaluation purposes as required by HUD, with the understanding that this information will only be presented statistically and will not reveal the identity of you or any of your family members.

Applicant Signature

Date

Please note that the waiting list for this program exceeds 200. While we encourage all eligible clients to submit the application and be placed on the waiting list, only Priority 1 clients should complete the rest of the application. Please note that we are only placing Priority 1 clients at this time.

Clients are Priority 1 if they answer yes to the following two questions.

I am:

1. Homeless, defined as lacking a fixed, permanent and adequate nighttime residence, including residing in temporary shelters and transitional housing and at imminent risk of involuntary displacement, **AND**
2. HIV Positive Symptomatic (Stage II. AIDS) or Full Blown AIDS (Stage II. AIDS).

***If you answered NO to either question, please stop here and submit application.
If you answered YES to both questions, please continue.***

ASSETS:

Please list the assets of everyone who will be living in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, and so on. Approximate the value of each. You do not need to include personal property such as, clothing, furniture, or cars.

Household Member	Description of Asset	Value

EXPENSES:

Do you pay for **child care** (for children under 13) that enables you or another family member to work or go to school full time? (circle one) Yes No

If yes, what is the amount you expect to spend on child care over the next 12 months? \$_____.

Elderly, handicapped, or disabled households only:

Do you have any medical expenses that are not covered by insurance? Do you pay for personal care attendant services or any equipment for handicapped member(s) of the household necessary to allow that member or another family member to work? (circle one) Yes No

If yes, what is the amount you expect to spend on these items over the next 12 months? \$_____.

Please list your housing history for the last two years, including the address, length of stay, and reason for leaving each residence.

Previous Address:

Street Address (include apartment number): _____

City, State, Zip Code: _____

Name of Property Owner: _____

Phone Number of Property Owner: _____

How long did you live there? _____

Reason for leaving? _____

Previous Address:

Street Address (include apartment number): _____

City, State, Zip Code: _____

Name of Property Owner: _____

Phone Number of Property Owner: _____

How long did you live there? _____

Reason for leaving? _____

SERVICE PLAN:

This section must be filled out by the case manager working with the applicant.

Please indicate the supportive services that this applicant is currently receiving or would like to receive.

Supportive Service	Currently Receiving	If no, has this client requested this service or would this client benefit from this service?		If yes, Name of Provider
	Yes/No	Requested	Needs Service	
Assisted transportation				
Case management				
Child care/respite care				
Crisis intervention				
Day treatment				
Dental				
Education Services				
Emergency drug assistance				
Emergency financial assistance				
Employment Services				
Food bank plus filtered water				
Home delivered meals				
Homemaker Services				
Hospice				
Interpreter services				
Legal				
Life Skills Training				
Mental health				
Nutritional support				
Outpatient primary medical				
Primary Medical				
Professional Home Healthcare				
Personal Care Aide				
Residential counselors				
Substance abuse counseling				
AA/NA Meetings				
Other - Please Specify				

Does this applicant have a history of substance abuse? yes or no

If yes, is client currently using substance? yes or no

If yes, is client in recovery? yes or no

Current or Previous Substance Abuse Treatment Plan:

History of substance abuse does not affect eligibility or priority status. Applicants remain eligible. However, when reviewing applicants for placement, the Multidisciplinary Assessment Team generally will not place an applicant who is actively using.

CRIMINAL RECORD

Have you or any member of your household ever been arrested or convicted for possession of an illegal substance or trafficking of illegal drugs? (circle one) Yes No

If yes, when did this occur? _____

Has any member of your household ever been involved in violent criminal activity? (This includes murder, manslaughter, assault and battery, rape, robbery, burglary and arson.) (circle one) Yes No

Answering "yes" to one of the above questions does not necessarily mean that you will be denied assistance. The circumstances of your case will be reviewed and considered.

Assistance may be denied for submitting a false response to any of these questions.

I authorize the release of the medical information requested on this form, to be provided to Building Futures as part of the Rental Assistance Program application.

Client Name (Printed)

Client Signature

Date

Physician's Statement

Patient's Name _____

Date of Diagnosis _____

CD4 Level _____ as of _____ (date)

HIV-related symptoms:

Opportunistic Infections:

Physician's Name (printed) _____

Clinic Name: _____

Telephone: _____

Signed _____ Date _____

Completed form can be faxed to Building Futures (202) 639-0276 or mailed to: Building Futures, Attn: Maritza V Falero 1440 Meridian Place, NW, Washington, DC 20010

Important! Applications must be complete in order to be processed. It is important that all required documentation is submitted. Please make sure to:

_____ Complete application according to Priority guidelines, Page 4

_____ Copy completed application for case management files

_____ Attach income verification (copies of SS, SSI, etc.)

_____ Attach verification of HIV/AIDS diagnosis (different than the Physician's Statement)

_____ Attach verification of rent (statement from landlord or receipt for rent paid)

_____ Sign the Applicant's Certification, Page 3

_____ Sign the Authorization for Release of Information, Page 3

_____ Enclose completed Physicians Statement, Page 9 or

_____ Request Physicians Statement, Page 9, to be forwarded to Building Futures directly

_____ Attach Psychosocial Assessment completed with Case Manager

_____ Mail or deliver completed application (***NO FAXES WILL BE ACCEPTED FOR ANY REASON***)

Complete applications should be returned by mail to:

Building Futures:
1440 Meridian Place, NW
Washington DC 20010

Questions can be directed to
Maritza V Falero
Property Manager
Building Futures
Telephone: (202) 639-0361

**FAXED APPLICATIONS WILL NOT BE ACCEPTED
(supporting documentation submitted from other locations can be faxed)**