



For Office Use Only

Date of Receipt & Staff Initials: _____ Referral Source: _____

Notes: _____

Permanent Housing Application

****Please be sure to review the Ithaka Housing Options before filling out this application****

APPLICANT INFORMATION

Name _____ Alias(es): _____

Mailing Address _____

Phone: () _____ VM OK?: _____ Email: _____

Date of Birth: _____ Gender: _____ Social Security # ____ - ____ - _____

Hispanic/Latino: Yes No Race: _____ Highest Education Completed: _____

Are you a veteran? Yes No Dates of Service: _____ Branch: _____

Theater of operations: _____ Discharge Status: _____

Co-Applicant Name _____ Alias(es): _____

Phone: () _____ VM OK?: _____ Email: _____

Date of Birth: _____ Gender: _____ Social Security # ____ - ____ - _____

Hispanic/Latino: Yes No Race: _____ Highest Education Completed: _____

Are you a veteran? Yes No Dates of Service: _____ Branch: _____

Theater of operations: _____ Discharge Status: _____

Names of Dependents (1) _____ DOB _____

(2) _____ DOB _____

(3) _____ DOB _____

(4) _____ DOB _____

(5) _____ DOB _____

(6) _____ DOB _____

Pets [] yes [] no **Type & Description:** _____

Have you applied to Ithaka Land Trust before? [] yes [] no

Driver's License or Colorado ID (if any):

Applicant's ID #: _____ State _____

Co-Applicant's ID #: _____ State _____

Vehicle Information:

Make/Model _____ Year _____ License Plate State _____

RESIDENTIAL HISTORY

Current Living Situation:

<i>Homeless</i>	
<input type="checkbox"/> Vehicle, outdoors, or abandoned building	<input type="checkbox"/> Safe haven
<input type="checkbox"/> Emergency shelter or emergency shelter voucher	<input type="checkbox"/> Interim housing
<i>If yes:</i> Approximate date homelessness started: _____ How many times have you been homeless in the past 3 years? _____ How many months have you been homeless in the last 3 years? _____	
<i>Institutional Situation</i>	
<input type="checkbox"/> Foster home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or medical facility	<input type="checkbox"/> Psychiatric facility
<input type="checkbox"/> Detention facility	<input type="checkbox"/> Substance abuse treatment/detox facility
If your stay was less than 90 days: Where did you stay before this situation? _____	
<i>Transitional & Permanent Housing Situation</i>	
Owned by client <input type="checkbox"/> without subsidy <input type="checkbox"/> with subsidy	Rental through <input type="checkbox"/> no subsidy <input type="checkbox"/> housing subsidy <input type="checkbox"/> GPD TIP subsidy <input type="checkbox"/> VASH subsidy
<input type="checkbox"/> Transitional housing for homeless persons	<input type="checkbox"/> Residential program with no homeless criteria
<input type="checkbox"/> Permanent housing for formerly homeless persons	<input type="checkbox"/> Motel paid for without emergency shelter voucher
<input type="checkbox"/> Family member's residence	<input type="checkbox"/> Friends' residence
If your stay was less than 7 days: Where did you stay before this situation? _____	

Explain where you are living now. If renting, what is your monthly rent? What has led you to seek other options at this time? Why do you need to leave where you are now? _____

Did you relocate to Colorado/Colorado Springs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>Reason for relocation: (select all that apply)</i>		
<input type="checkbox"/> Care of sick relative	<input type="checkbox"/> Climate	<input type="checkbox"/> Natural Disaster <input type="checkbox"/> Domestic Violence

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Driver's Licenses/ID for immigrants | <input type="checkbox"/> Employment | <input type="checkbox"/> Family Support | <input type="checkbox"/> Medical Needs |
| <input type="checkbox"/> Colorado marijuana laws | <input type="checkbox"/> Needed services | <input type="checkbox"/> Refugee | |

What type of housing are you seeking? (Check all that may apply)

[] efficiency/studio [] 1 bedroom [] 2 bedroom [] 3 bedroom [] single room/group home

CREDIT AND CRIMINAL HISTORY

Have you declared bankruptcy in the last 7 years? [] Yes [] No

Have you ever been evicted from a residential residence? [] Yes [] No

Have you been convicted of a misdemeanor or felony? [] Yes [] No

Please Explain:

SOURCES OF INCOME

Current Employment Status: Full Time Part Time Student Unemployed

Employer: _____ Employer Phone: () _____

Dates employed: _____ Salary: \$ _____ per _____

Hours per week: _____

Income Sources (complete all that apply)

Employment	\$ _____ /month
	Source: _____
Unemployment Insurance	\$ _____ /month
Supplemental Security Income (SSI)	\$ _____ /month
Social Security Disability Income (SSDI)	\$ _____ /month
VA Service-Connected Disability Compensation	\$ _____ /month
VA Non-Service-Connected Disability Pension	\$ _____ /month
Private Disability Insurance	\$ _____ /month
Worker's Compensation	\$ _____ /month
Temporary Assistance for Needy Families (TANF)	\$ _____ /month
General Assistance (GA)	\$ _____ /month
Retirement Income from Social Security	\$ _____ /month
Pension or Retirement Income from a former job	\$ _____ /month
Child Support	\$ _____ /month
Alimony or other spousal support	\$ _____ /month
Other source	\$ _____ /month
Specify source	_____
Total Monthly Income	\$ _____

Non-Cash benefits

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) \$_____	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/> TANF Child Care services	<input type="checkbox"/> Other TANF-funded services
<input type="checkbox"/> TANF transportation services	<input type="checkbox"/> Other _____

Health Insurance (All clients)

<input type="checkbox"/> Medicaid_____	<input type="checkbox"/> Medicare_____	<input type="checkbox"/> VA Medical Services
<input type="checkbox"/> State Children’s	<input type="checkbox"/> Employer-Provided	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Private Pay	<input type="checkbox"/> COBRA	<input type="checkbox"/> Indian health service program
<input type="checkbox"/> Other_____	<input type="checkbox"/> None	

REFERENCES

Landlord Reference:

Name _____ Address _____
 Phone _____ Relationship _____
 Email _____

Personal Reference:

Name _____ Address _____
 Phone _____ Relationship _____
 Email _____

Professional Reference:

Name _____ Address _____
 Phone _____ Relationship _____
 Email _____

I understand that this is a preliminary application and the information provided does not guarantee housing. I certify that all information contained herein is true and correct to the best of my knowledge. I understand that in order to stay on the wait list for Ithaka Land Trust, I must call in every 30 days to indicate my continued need for housing. If I miss a phone call check-in, my application will drop off the wait list and I will have to re-apply for housing with Ithaka.

It is the policy of Ithaka to accept applications and place applicants into housing units based on need and date of application. In compliance with local, state, and federal laws, we provide housing regardless to applicants regardless of race, color, national origin, sexual orientation, age, gender identity, disability, or veteran status. In addition, policies that affect current residents will be carried out without regard for these irrelevant factors.

I authorize an investigation of my credit, tenant history, criminal history and employment for the purposes of renting a house, apartment or room from Ithaka Land Trust. Applicant hereby authorizes Ithaka Land Trust, its employees and agents to verify said information and make independent investigations in person, by mail,

telephone, fax, or otherwise, to determine Applicant's rental, credit, financial, criminal and character standing. Applicant hereby releases Ithaca Land Trust, its employees and agents, First American Registry, Inc., its employees and agents and any and all other firms or persons investigating or supplying information, for any liability whatsoever concerning the release and/or use of said information and further, will defend and hold them all harmless from any suit or reprisal whatsoever. A copy, fax or other reproduction of this Authorization shall be as effective as the original.

Name (please print)

X _____

Co-applicant Name (please print)

X _____