



FINALLY HOME

GRANT APPLICATION

Date: [Date]

AGENCY INFORMATION

Agency		Caseworker	
Address		Email	
City, Zip & State		Program Manager	
Phone		Manager Email	
Type of Service	<input type="checkbox"/> Single Service <input type="checkbox"/> On-going Case Management	Assistance Will	<input type="checkbox"/> Keep family housed <input type="checkbox"/> Move family into housing

APPLICANT

	Applicant	Co-Applicant
HMIS #		
Name		
Date of Birth / Age		
Email		
Phone Number		
Occupation		
City of Last Permanent Housing		
Coordinated Care Client?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Female Head of Household	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Veteran	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hispanic or Latino	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race (Check all that apply)	<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / other Pacific Islander	<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / other Pacific Islander

HOUSING ASSISTANCE

Grant Requested	\$	Deposit Required	\$
# of Children		Subsidy	\$
Total HH Size		Client's Portion	\$
Total HH Income	\$	Total Rent	\$

Rental Information:	Rent/Deposit payable to:
	Manager/Owner
Rental Address	Address
City, State & Zip	City, State & Zip
	Email

Is the client related to the Landlord or Property Manager? Yes No

CLIENT CERTIFICATION

I hereby confirm that the information provided is accurate and complete to the best of my ability. I hereby give my consent to the above named agency to release information necessary to receive assistance from Housing Trust. I give permission to said agency and Housing Trust to contact any group or individual which would be helpful in understanding or confirming my situation and need of assistance. I also authorize Housing Trust to contact me for program evaluation and/or public relation purposes.

Applicant Signature	Date	Co-Applicant Signature	Date
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APPLICATION CHECKLIST

Please email the following documents:

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Finally Home Application
Verify all fields are complete and provide as many details as possible | <input type="checkbox"/> 3. Verification of Income
Work Wages, Calfresh/Calworks, SSI, TANF, etc. | <input type="checkbox"/> 5. Monthly Budget.
Include ALL expenses; housing, utilities, medical, food, transportation, etc. and document client's self-sufficiency. |
| <input type="checkbox"/> 2. Identification
Photo ID for all household members. Birth Certificates for minors | <input type="checkbox"/> 4. Housing subsidy and passed inspection, if applicable.
Security deposit/rent amounts MUST match amounts stated on lease. | <input type="checkbox"/> 6. Lease or Letter of Intent to Rent. <ul style="list-style-type: none"> • Must be current. • Include deposit & rent amount. • Must have location and property manager contact information. |
| <input type="checkbox"/> 7. City of Santa Clara Only
Include HQS Inspection & signed lease addendum. | <input type="checkbox"/> Any hardship documents, explaining extenuating circumstances | |

Please label and number the submittal items

APPLICANT'S NEED FOR ASSISTANCE

Please explain the applicant's situation:

AGENCY APPROVAL

I hereby confirm this application is complete and verified the information above is accurate to the best of my knowledge and in keeping with my organization's standards of practice and that all relevant information has been disclosed. I recommend approval of this application.

Caseworker Signature _____ Date: _____

Managers: Verify document submittals and budget worksheet is accurate. In accordance to the Finally Home Program Guidelines, I hereby verify that this application is complete, the budget worksheet is accurate, client demonstrate self-sufficient; I approve this recommendation.

Program Manager Signature _____ Date: _____

FOR HOUSING TRUST INTERNAL USE ONLY

Payable to:		
Prepared & Reviewed by:		Approved Amount:
Approving Signature:		

HTSV FINANCE USE:

SDN List:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date Issued:		Check #:	
Signature:		Date Mailed:	