

Date Received: _____

Time Received: _____

"RiverShip Alliance"

Application for Housing Services

Fellowship Housing and **Riverbend Residential Services** have formed an alliance to address the housing and support needs of eligible consumers. Both organizations are working collaboratively with the goal of furthering our programmatic missions of providing effective and recovery-oriented services.

Applicant Name: _____ Date: _____

Date of Birth: _____ SS #: _____

Phone Number: _____ Case Manager: _____

Race: (please be advised that providing this information has no effect on your eligibility for the program)

Caucasian Black Asian Hispanic Native American Not Listed: _____

<u>Guardian:</u> <input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Medical	Name & Telephone #:
<u>Representative Payee:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Telephone #:
<u>Conditional Discharge:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:

Application for housing is not complete until this form and the requested documents (below) are received:

- Face Sheet
- Current Physician Orders for Medication & Treatment
- Current Health Screening
- Current Treatment Plan
- Describe any criminal or probation requirements:
- Clinical/Minimum Data Base
- Eligibility Determination
- Relapse Prevention Plan
- Conditional Discharge (Attach any court orders, as needed)

HOUSING NEEDS

Why is the applicant leaving his or her current housing situation?

What type of living setting does the **applicant** request:

- Independent Apartment
- 24 Hour Staffed Apartment
- 24 Hour Staffed Group Home
- Community Setting with No Overnight Staff

Does the applicant's team agree with this request?

Yes No

Please provide a brief assessment of the applicant's living skills:

If living in an independent apartment, would the applicant benefit from any of the following Functional Support Services?

Med Support Therapeutic Behavioral Services

Please describe any accessibility needs or specific requests of the applicant:

Housing History

Please provide list of previous living experiences to help determine an appropriate placement:

Dates (start with most recent)	Landlord Name & Telephone #	Address (including town)	Reason for Leaving

List **ALL States** in which you have resided: _____

Source(s) of Income

Applicants must provide income information to verify ability to pay for housing services.

List all sources of income/funds and amounts:

SSDI: \$ _____/mo.

SSI: \$ _____/mo.

Employment: \$ _____/mo.

Trust Fund: \$ _____/mo.

APTD: \$ _____/mo.

Insurance Settlement: \$ _____/mo.

Savings: \$ _____ Balance

Checking: \$ _____ Balance

Name/Address of Employer: _____

Name/Address of Bank: _____

Checking Account Number: _____

Savings Account Number: _____

Other Account Number: _____

Have you disposed of any assets for less than market value within the last two years? Yes No
If **Yes**, please explain:

Please Note: Approved Applicants for housing services may need to pay a Security Deposit.

Other Required Information:

Have you been evicted from a federally-assisted housing site for drug-related criminal activity within the past three years?
 Yes No If **Yes**, please explain:

Are you currently engaging in illegal drug use? Yes No If **Yes**, please explain:

Are you subject to a lifetime sex offender registration requirement **IN ANY STATE?**
 Yes No If **Yes**, please explain:

Are you a student enrolled in an institution of higher education? Yes No

Do you currently hold a **Housing Choice Voucher** (formally section 8 voucher) Yes No
Project Based Assistance (**PBA**)? Yes No

If not, have you applied? Yes No If yes, where?

Your signature, below, authorizes Rivership Alliance staff to verify the information on this application, including conducting a criminal background check, requiring proof of citizenship and securing third party verification of financial information. Further, your signature authorizes the management to inquire as to your rental experience with the persons or organizations listed above, relative to rental payments, housekeeping habits, and other general conditions of previous tenancies. Your signature also certifies that the information provided is accurate and complete to the best of your knowledge.

Consumer/Guardian Signature

Date

Application Prepared by:

Date

Telephone

PLEASE RETURN COMPLETED APPLICATION TO:
RiverShip Alliance
c/o Riverbend Community Mental Health, Inc.
P.O. Box 2032 Concord, NH 03302-2032