



For Office Use Only

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

Notes: _____

Family Transitional Housing Application

In order for Ithaka to provide you with the best possible services, we are required to collect information about you and your family. In processing your application, the privacy of all applicants will be protected. Any family member that will be living with you is required to fill out a co-applicant application.

Requirements Criteria

Please review and check off each box to verify that you meet the eligibility requirements prior to filling out the application.

- I will fill out this application completely and correctly
- I agree to be fully HONEST and ACCOUNTABLE with Ithaka
- I am willing and able to obtain full-time employment (35-40 hours/week) within 60 days of move-in.
- I desire to maintain self-sufficiency.
- I have stabilized my physical & mental health wellness using established self-care techniques & treatment methods.
- I agree to comply with program expectations, at a minimum, if accepted, and to really thrive in this program, I commit to participating in open communication and community.
- I am willing to always communicate truthfully and thoughtfully with Ithaka staff.
- I agree to meet with the case manager at least twice per month, if accepted.

PRIMARY APPLICANT INFORMATION

Name _____ Alias(es): _____

Mailing Address _____

Phone: () _____ Prefer: Voicemail or Text Email: _____

Date of Birth: _____ Gender: _____ Preferred Pronouns: _____

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

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

Theater of operations: _____ Discharge Status: _____

Driver's License or Colorado ID (if any): Please also provide a copy of your D/L or Colorado State-Issued ID.
Applicant's ID #: _____ State _____

Co-Applicant Name(s) _____

***Each co-applicant age 18+ is required to fill out the Co-Applicant application.**

Names of Dependents	(1)	_____	DOB	_____	M	F
	(2)	_____	DOB	_____	M	F
	(3)	_____	DOB	_____	M	F
	(4)	_____	DOB	_____	M	F
	(5)	_____	DOB	_____	M	F
	(6)	_____	DOB	_____	M	F
	(7)	_____	DOB	_____	M	F
	(8)	_____	DOB	_____	M	F

Residential History

Explain your current living situation in as much detail as possible:

Last Known Permanent Address: (where you last lived for 90 days or more)

Where did you stay last night (Choose one):

Homeless	
<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
Institutional Situation	
<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
Transitional & Permanent Housing Situation	

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

How long have you been staying there? _____

If homeless, 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? _____

Reasons or Contributing Factors to Homelessness: (select all that apply)

- ☐ Abuse or Violence in My Home
- ☐ Lost a Job; Could not Find Work
- ☐ Alcohol/Substance Abuse Problems
- ☐ Medical Expenses
- ☐ Asked to Leave
- ☐ Mental Illness/Discharge from psychiatric facility
- ☐ Bad Credit
- ☐ Moved to Find Work
- ☐ Could Not Pay Utilities
- ☐ Problems with Public Benefits
- ☐ Discharge from Foster Care
- ☐ Reasons Related to My Sexual Orientation
- ☐ Discharged from Jail
- ☐ Relationship Problems or Family Break-up
- ☐ Discharged from Prison
- ☐ Unable to Pay Rent/Mortgage
- ☐ Family Member or Personal Illness
- ☐ Eviction
- ☐ Legal Problems
- ☐ Other: _____

Who has legal custody of the child(ren)? _____

Where are they living? _____

If separated does the other parent have visitation rights? [] yes [] no

If yes, how often & where does this occur:

Is there a safety concern for the children? If yes, please explain:

Have you applied to Ithaka Land, Inc. before? [] yes [] no

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

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Did you relocate to Colorado/Colorado Springs?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Reason for relocation: (select all that apply)			
<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	

CREDIT AND CRIMINAL HISTORY

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

If yes, please explain in as much detail as possible:

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

If yes, please explain in as much detail as possible:

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

If yes, please explain in as much detail as possible:

SUBSTANCE ABUSE HISTORY:

When was the last time you had something alcoholic to drink? _____

How much do you drink at one time? _____

How many times did you drink last month? _____

Has your drinking caused any problems for you? ☐ yes ☐ no

Please Explain: _____

Have you ever been in an alcohol treatment program? ☐ yes ☐ no

If Yes, When and Where:

Have you ever used drugs? ☐ yes ☐ no

If Yes, When and What: _____

When was the last time you used drugs? _____

Have you ever been in a drug treatment program? ☐ yes ☐ no

If Yes, When and Where:

*add something about coping mechanisms and if that person has recovered from drug usage how they went about doing it and a sobriety plan in place moving forward

HEALTH & MENTAL HEALTH HISTORY:

Have you ever received treatment or care for an emotional problem or mental disorder? ☐ yes ☐ no

If Yes, please list the diagnoses:

Who is your mental health provider and when did you begin seeing them:

Have you ever been prescribed medications for a mental, emotional, or behavioral concern? ☐ yes ☐ no

If Yes, please list: Name(s) of medication(s):

When did you start taking your medication(s)? Do you take your medication(s) as prescribed?:

Do you have a disabling condition of any kind? ☐ Yes ☐ No ☐ Refused

If yes, please describe: _____

Do you have a chronic health condition? ☐ Yes ☐ No

SOURCES OF INCOME

Are you willing and able to work? ☐ Yes ☐ No

(There is an employment requirement for at least one adult in the household for Ithaka Land, Inc.)

Currently Employed: ☐ Yes ☐ No

If Yes: How Many Hours Worked Last Week: _____

What is your hourly wage: _____

Who is your Employer: _____

Type of Work: ☐ Permanent ☐ Temporary ☐ Seasonal ☐ Contract Based

Did you receive income from work in the last month? ☐ Yes ☐ No

What was your income from employment in dollars: \$ _____

If No: Are you looking for work: ☐ Yes ☐ No

If you marked 'Unemployed', please describe your past work history in detail. When was the last time you were employed? What work have you done in the past? Have you been job searching? If you have, how long have you been job searching? What barriers are you facing to securing employment?

What was your income from other sources (complete all that apply)

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 Specify source _____	\$ _____._____/month

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

- | | | |
|---|--|--|
| <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

Please provide at least 2 references, as we may be unable to approve an application until connecting with at least 2 references. And listing more could allow us to connect and complete the process more quickly for you.

Personal Reference:

Name _____ Address _____

Phone _____ Relationship _____

Email Address _____

Personal Reference:

Name _____ Address _____

Phone _____ Relationship _____

Email Address _____

Professional Reference:

Name _____ Address _____

Phone _____ Relationship _____

Email Address _____

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.

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, Inc. Applicant hereby authorizes Ithaka Land, Inc, 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 Ithaka Land, Inc., 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_____