



Veteran Family Application for Permanent Supportive Housing

Permanent Supportive Housing is designed for families who are experiencing homelessness, who need and desire longer term support from agency staff, in addition to affordable housing.

Please answer all questions to the best of your ability. It may be difficult to determine program eligibility if application is incomplete. You may have another person assist you in the completion of this application. You may also contact Shelter Care Ministries for assistance.

FAMILY INFORMATION

Name/Adult Head of Household: _____ Date of Birth: _____ Age: _____

Name/Additional Adult in Household: _____ Date of Birth: _____ Age: _____

Relationship between adults: ☐ Married ☐ Separated ☐ In a relationship ☐ Other _____

Number of children currently in household who would stay with you in Permanent Supportive Housing: _____

Number of children under the age of 18 and in someone else's custody: _____

Child's name: _____ Date of Birth: _____ Age: _____

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VETERAN INFORMATION

Name of member of your household is a Veteran? _____

Was he/she honorably discharged? _____ Dates of service: _____

Which branch of the military did he/she serve? _____

HOUSING INFORMATION

Current Address: _____

Phone Number(s): _____

Please check housing type: ☐ Emergency Shelter ☐ Hotel being paid for by agency ☐ Hotel paid by self
☐ Institution ☐ Fleeing Domestic Violence ☐ Transitional Housing ☐ Residing with Family/Friends
☐ In own place, but being evicted ☐ On the streets or camping ☐ In a vehicle ☐ Other/ Please explain:

How long have you been living in your current living situation? _____

How much longer can you stay? _____

How did you initially become homeless? _____

Is this the first time you've experienced homelessness? _____

If not, how many times have you been homeless in the past? _____

Please explain those circumstances: _____

What has prevented you from renting your own home? _____

What steps have you taken to change your living situation? _____

Have you ever been evicted? _____ If yes, how many times? _____

Do you have any unpaid utility bills? _____

If yes, please list the bill and amount owed: _____

Are you able to have ComEd and Nicor utility services established in your name? _____

Has this been verified by both utility companies? _____

EMPLOYMENT/EDUCATION

Are you currently employed? _____ Where? _____

☐ Permanent Full-time ☐ Permanent Part-time ☐ Temporary Part-time

☐ Temporary Full-time ☐ Self-employed

Employment Income: _____ ☐ Per Week ☐ Every Two Weeks ☐ Per Month

Are you seeking employment? _____

Is your spouse/significant other employed? _____ Where? _____

☐ Permanent Full-time ☐ Permanent Part-time ☐ Temporary Part-time

☐ Temporary Full-time ☐ Self-employed

Employment Income: _____ ☐ Per Week ☐ Every Two Weeks ☐ Per Month

Is he/she seeking employment? _____

Please indicate what best describes your level of education:

☐ Less than 9th Grade ☐ 9th-10th Grade ☐ 11th-12th Grade ☐ High School Diploma ☐ GED

☐ Some College ☐ Associates Degree ☐ Bachelors Degree ☐ Masters Degree

Please indicate what best describes your spouse/significant other's level of education:

☐ Less than 9th Grade ☐ 9th-10th Grade ☐ 11th-12th Grade ☐ High School Diploma ☐ GED

☐ Some College ☐ Associates Degree ☐ Bachelors Degree ☐ Masters Degree

CHILDREN'S EDUCATION

Do all of your school age children attend school regularly? _____

How many times has your child(ren) changed schools in the past 3 years due to homelessness? _____

If your children are NOT in school, please provide the following:

When was the last time your child attended school? _____

What is the reason they are not currently attending? _____

INCOME/BENEFITS

What benefits are you or a family member currently receiving?

☐ TANF ☐ GA/Township ☐ Unemployment ☐ WIC ☐ SSI/SSDI ☐ Death Benefits

☐ Other Please specify: _____

Total monthly cash income from all sources for all family members: _____

FAMILY/FRIENDS

Have you or a family member been involved in an incident of domestic violence? _____

When did this last occur? _____ Is there a current threat to you or a family member? _____

Is anyone in the household either mentally or physically disabled (you are not required to disclose this information and it is NOT grounds for denial of services)?

Is any member of the household restricted on where they can live due to health issues, probation / parole, or sex offender status? _____

Specify the restriction: _____

Which of the following best describes your support network of family and/or friends?

☐ Very supportive, they assist me with all my needs.

☐ Supportive, I have friends/family that will help me when they can.

☐ Not very supportive, my friends and family can't or are unwilling to help me much.

☐ I have no support.

Is there any other information you feel would help in determining acceptance into Permanent Supportive Housing?

I certify that the above information is true and complete. I also certify that I have no subsequent residence identified after leaving my current housing. I currently lack the resources and support networks to obtain other housing.

Applicant Signature

Date

Applicant Signature

Date

Printed name and signature of person completing application if other than applicant(s):

Printed Name

Signature

ADDITIONAL INFORMATION

If you are invited to interview for a PSH opening, you will be asked to provide the following:

- DD214
- Photo ID for all adults in household
- Verification of income from all sources
- Homeless verification (documents required will be mailed to you)
- Verification of dependent children in household (birth certificates, medical card, or court records documenting custody, etc.)

Applications may be returned in person or by mail to 412 N. Church St. Rockford, IL 61103, or 218 7th St. Rockford, IL 61104, via e-mail to sparker@shelter-care.org, or by fax to 815-986-1358. Office hours at 218 7th St. vary: you may wish to call before stopping by to drop of your application. **Applications will be accepted until the vacancy is filled.**