**Best Practice Template:**

**HOUSING APPLICATION**

**INSTRUCTIONS FOR TEMPLATE USE**

* **Purpose:** This template will help you decide if a survivor meets the guidelines for the OVW TH Program.
* **How to use this template:** You may adapt this template to fit your needs and the work you do. You may change the wording to match the language used in your program. Before using this template with a housing applicant, please delete this instructions page. Also, please delete any notes in grey. Be sure to replace all highlighted text with your program’s information.
	+ As a basic rule, vital documents and information that identifies a person should not be collected and stored in a survivor’s file. Program files can be court ordered and/or the confidentiality or privacy of information in files can be breached. That means collected information can have a harmful effect on a survivor's life. We suggest keeping as few notes as you can.

**BEGINNING OF TEMPLATE**

*[AGENCY LETTERHEAD]*

**HOUSING APPLICATION**

**Instructions**

**Do You Need Help With This Application?**

* We offer this form in languages other than English.
* We offer a plain-English glossary of hard words used in this form.
* You can ask any staff member at [insert your program name] to help you fill out this form.
* You can tell us your answers and ask us to write them down.
* Let us know if you need any special accommodations (interpreters, mobility aids, etc.). We will do our best to meet your needs.

**About Our Program:**

We are glad you want to apply for [insert your program name and information about the mission.] Be aware that [Program Name] may not offer 24-hour support. Our normal business hours are: [insert hours].

We run the [information about the housing model whether congregate living, scattered site, or another model]. We are happy to answer any questions you have about our program or any other services we offer. Please contact [insert contact name and info] to learn more.

**Who Can Apply?**

Housing will be offered on a case-by-case basis, depending on our funding.

 To apply, you must be:

* A survivor of domestic violence, sexual assault, dating violence, and/or stalking;
* Homeless or in need of housing because of domestic violence, sexual assault, dating violence, and/or stalking;
* At least 18 years old or a (legally) emancipated minor
* People who use a Personal Care Attendant (PCA) are welcome to apply for housing. They will not be refused services for this reason.

**Services We Offer:**

* Housing and utility aid for up to 24 months. You can apply for 6 months of added aid.
* Advocacy, case management, counseling, and more
* Ongoing safety planning and equipment for your home
* Help with transportation, child care, and household furnishings
* After-care services for at least 3 months and up to 1 year
* [Add any others]

**What Are Voluntary Services?**

You have a say in which services you take part in and which services we offer. You do not have to take part in our services in order to stay with us. Please let us know about any services that would be helpful to you. We will do our best to add them.

**How to Fill Out This Application:**

This application helps us decide if you meet the guidelines for the OVW Transitional Housing Program.

Please know:

* You have the right not to answer any of the questions in this form.
* You have the right to be treated with dignity and respect in this process. If you are not, please tell us.
* We want to protect your privacy. Tell us how you would like to send in your application. Then we will work with you to do so in a private way.

Please fill out this form and return it to us at a time that is easy for you. Once we get your application, we will review it. Then we will contact you to talk about next steps. [Explain how long it takes to process applications and who they can expect to hear from.]

**Thank You!** Thank you for your interest in our program. We look forward to hearing from you soon!

*[AGENCY LETTERHEAD]*

**Application**

Today's date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you want us to contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If we contact you by phone, is it safe to leave a message? ❑ Yes ❑ No

If no, when would be the best day and time to call? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special instructions for sending messages, via phone or e-mail? In other words, are there certain words we should not use? Are there certain times of day when we should not leave a message?

How did you hear about our program?

**Tell Us About Yourself:**

Are you at least 18 years of age or a legally emancipated minor? ❑ Yes ❑ No

Are you the parent, guardian, or caretaker of a minor dependent who has experienced?

❑ Yes ❑ No

What language do you prefer to use?

Who will live with you? Please tell us more about your housing needs, including how may rooms you many need, how many family members, etc. This will help us better serve your family.

(*Please note: Our funding requires that we offer housing only to survivors of domestic violence, sexual violence, dating violence, and/or stalking, and their dependents.* A dependent is anyone who depends on you for nearly all their money needs. That might include:

* children in your full-time or part-time care
* elderly parents or grandparents
* grown children who are disabled

Please speak with us if you have questions about who counts as a dependent.*)*

Number of dependents/household members: \_\_\_\_\_\_\_\_\_

Age/sex of dependents/household members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a pet or service animal(s)? ❑ Yes ❑ No

Do you have other animals that you are worried about and that might need short-term housing? ❑ Yes ❑ No

If yes, please let us know the kind of pet (dog, cat, etc.) you have. Please tell us any other important information about each animal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where Are You Living Now?**

Are you now homeless because of domestic violence, sexual violence, dating violence, and/or stalking?

❑ Yes ❑ No

Are you in need of housing because of domestic violence, sexual violence, dating violence, and/or stalking? For example, do you need to relocate from your current housing due to safety concerns relating to domestic violence, sexual violence, stalking, or dating violence?

❑ Yes ❑ No

Are you willing to move to another neighborhood? ❑ Yes ❑ No

If yes, are there any neighborhoods where you cannot or will not live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety**

We are here to help you make, change, and update safety plans during this application process.

Would you like to talk to an advocate about safety planning? ❑ Yes ❑ No

**Do You Have Any Questions For Us?**

You can ask us anything in the space below!

**Local Resources**

Let us know if you need other local resources. We will do our very best to connect you with resources that meet your needs.

*Please note that this is an application. Filling it out does not mean that you are accepted into our housing program. If you meet the guidelines, we will set a follow-up meeting. At that time, we may ask for more information. Thank you!*

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**Office Use Only**

Accepted into program? ❑ Yes ❑ No

If yes, date applicant was informed:

Date accepted/move-in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, date applicant was informed:
Reason for denial:

Was applicant given information about how to appeal? ❑ Yes ❑ No

Other referrals/support given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_