

Applicant: _____

Date Received: _____

For Office Use Only

HOPE GARDENS TRANSITIONAL HOUSING APPLICATION



Family Promise Montco PA's transitional housing program, Hope Gardens, serves low-income families with children. Hope Gardens is an eight-unit building consisting of two-, three- and four-bedroom apartments where families can live while they gain the tools they need to become financially stable and self-sufficient. Families living at Hope Gardens receive comprehensive support services to help ensure their success, including Intensive Case Management and Life Skills Training.

REQUIREMENTS:

- Families must be homeless or near homelessness at the time of application.
- Families must have at least one eligible child under the age of 18 residing with the family.
- Families must be eligible for 2, 3, or 4 bedroom apartments.
- Families must have a prearranged payment plan designed to repay outstanding debts to PECO.
- Families must be experiencing a situation where significant progress or resolve is possible within a 2-year period.
- Families must have a willingness to set and work toward goals.
- Family income must be at or below 50% AMI for Montgomery County.

COMMITMENT TO DIVERSITY

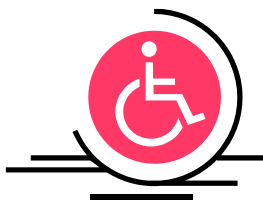
FP Montco is committed to fostering inclusivity in its staff, volunteers, and service recipients. We strive to honor diversity of race, culture, language, ethnicity, religion, gender, age, ability, sexual orientation, transgendered status, economic status, education, belief and lifestyle.

CONFIDENTIALITY AND PRIVACY

In keeping with our mission, Family Promise Montco PA seeks to honor and preserve the dignity, privacy and self-esteem of the families we serve. Staff, volunteers and program participants will not divulge information regarding shelter families to anyone without participant's written consent.

Complete application and return to the address listed below.

**Family Promise Montco PA
Attn: Case Manager
31 S. Spring Garden St.
Ambler, PA 19002
Office: 215-628-2334
www.fpmontco.org**



A. General Information

Applicant Name: _____ Phone: _____

Current Address: _____

Email: _____ Alt. Phone: _____

Date Entered Shelter _____ Move Out Date: _____

Case Manager: _____ Phone: _____

B. Family Household Composition

List ALL who will live in the apartment. List Head of Household First:

Name	Relationship	Birthdate	Sex	Social Security #
1.	Self			
2.				
3.				
4.				
5.				

Does anyone in your household have physical or behavioral health disabilities? YES NO

If YES, please describe:

Are your children having any problems in school or childcare? YES NO

If YES, please describe:

Do your children have any chronic health or behavior problems? YES NO

If YES, please describe:

Are there other agencies providing services to your family? YES NO

If YES, please describe:

C. Housing Information

Provide names and contact information for two most recent landlords.

Prior Address: _____

Landlord's Name: _____

Monthly Rent: _____ Landlord's Phone: _____

Prior Address: _____

Landlord's Name: _____

Monthly Rent: _____ Landlord's Phone: _____

1. Have you ever resided in housing financed and/or subsidized by the government?
 YES NO
2. Have you ever been evicted from any federal housing program? YES NO
a. If YES, where: _____
b. If YES, why: _____
3. Have you ever been evicted from other housing? YES NO
a. If YES, where: _____
b. If YES, why: _____
4. Do you have any outstanding debts to local housing authorities or landlords? YES NO
If YES, amount owed: _____
5. Do you have any other outstanding debt? YES NO
If YES, to whom and amount owed: _____
6. Can you get PECO service in your name? YES NO
7. Are you on waiting lists for subsidized housing? YES NO
If YES, where? _____

Briefly describe the circumstances that led to losing your housing: _____

What would you like us to know about you and your family? _____

D. Income

List ALL sources of income as requested below.

Family Member Name	Source of Income	Monthly Amount
_____	Social Security	\$ _____
_____	Social Security	\$ _____
_____	Social Security	\$ _____
_____	Veterans Benefits	\$ _____
_____	SSI Benefits	\$ _____
_____	SSI Benefits	\$ _____
_____	Unemployment Comp	\$ _____
_____	Public Assistance County _____	\$ _____
_____	Wages – Gross Employer _____ Position _____ Duration Employed _____	\$ _____
_____	Wages – Gross Employer _____ Position _____ Duration Employed _____	\$ _____
_____	Alimony	\$ _____
_____	Child Support	\$ _____
_____	Other Income	\$ _____ Source _____

Add all the monthly amounts listed above.	\$ _____	TOTAL GROSS MONTHLY INCOME
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E. Assets

Checking Account # _____
 Bank _____ Balance \$ _____

Savings Account # _____
 Bank _____ Balance \$ _____

Do you have any other assets not listed above (excluding personal property)? YES NO
 If YES, list them: _____

F. Vehicles

Do you own a vehicle? YES NO

Vehicle Make _____ Year/Model _____

G. Education and Training

Do you have a high school diploma? YES NO

Do you have a GED? YES NO

Do you have additional education or training beyond high school? YES NO

NAME OF SCHOOL	PROGRAM OF STUDY	DEGREE/CERTIFICATE EARNED

H. Goals

If accepted into the FP Montco Transitional Housing Program at Hope Gardens, what do you hope to accomplish?

What would you say are your strongest skills and assets?

In which areas do you need support, guidance and resources?

**APPLICATION MUST BE COMPLETED IN FULL
OR IT WILL NOT BE CONSIDERED**

CERTIFICATION

I/We hereby certify that I/we will/do not maintain a separate rental unit in another location. I/We further certify that this will be my/our only residence. I/We understand that I/we must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on state income/occupancy limits and by FP Montco selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that the use of false statements or information will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

Applicant

Applicant

Date

Date

AUTHORIZATION

I/We do hereby authorize Family Promise Montco PA and its staff or authorized representative(s) to contact any agencies, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing at HOPE GARDENS.

SIGNATURE:

Applicant

Applicant

Date

Date



HOUSEHOLD AND INCOME VERIFICATION

Client Name: _____

Please select the number of people in your household under the Household Size column **and** the appropriate income category from one of the (3) three columns immediately to the right of the Household Size number.

<u>Household Size</u>	<u>0-30% AMI</u>	<u>31-50% AMI</u>	<u>51-80% AMI</u>
___ 1 person	___ \$0 – \$16,900	___ \$16,901 – \$28,150	___ \$28,151 – \$45,000
___ 2 people	___ \$0 – \$19,300	___ \$19,301 – \$32,150	___ \$32,151 – \$51,400
___ 3 people	___ \$0 – \$21,700	___ \$21,701 – \$36,150	___ \$36,151 – \$57,850
___ 4 people	___ \$0 – \$24,300	___ \$24,301 – \$40,150	___ \$40,151 – \$64,250
___ 5 people	___ \$0 – \$28,440	___ \$28,441 – \$43,400	___ \$43,401 – \$69,400
___ 6 people	___ \$0 – \$32,580	___ \$32,581 – \$46,600	___ \$46,601 – \$74,550
___ 7 people	___ \$0 – \$36,730	___ \$36,731 – \$49,800	___ \$49,801 – \$79,700
___ 8 people	___ \$0 – \$40,890	___ \$40,891 – \$53,000	___ \$53,001 – \$84,850

I declare that I have no income.

I hereby certify that all the information stated herein is true and accurate.

Signature

Date