FLORIDA STATE HOPWA PROGRAM
APPLICATION FORM FOR HOUSING ASSISTANCE

NOTE:
If the client's income is above 80% of the median income for the area, he/she is not qualified for housing assistance under this program. Income limit information can be found at ***http://www.huduser.org/portal/datasets/il.html.***

Name: _____
Last First Middle

Current Address: _____
Street Apt. No. City County Zip Code

Social Security Number: _____ Date of Birth: _____
Month Day Year

Telephone #: _____ Gender: ☐ Male ☐ Female

Race/Ethnicity:

☐ White (not Hispanic) ☐ Black (not Hispanic)
☐ Hispanic ☐ Asian/Pacific Islander
☐ Native American/Alaskan ☐ Other

Household Income: $_____ # in Household: ____ Adults: ____ Children: ____

Food Stamp Amount: $_____ # of Bedrooms: _____

Medical Insurance (check all that apply):

☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Other
☐ None

Assistance Applying For:

☐ Rent ☐ Utilities ☐ Transitional Housing
☐ Mortgage ☐ PHP ☐ Other: _____

Monthly Rent/Mortgage: $_____ Amount Owed: $_____

Utilities Owed: $_____ Deposit Amount: $_____

What Supportive Services Are You In Need Of? _____

What Supportive Services Are You Receiving (e.g., transportation, food bank)? _____

Present Living Arrangements:

☐ With Friend ☐ With Family ☐ Group Home
☐ Parents' Home ☐ Shelter ☐ Street
☐ Unrelated Person ☐ Alone ☐ Other

To Be Completed By Interviewer:

☐ Is the client enrolled with a case manager?
☐ Has assistance for housing been identified in the client's individualized written plan of care?
☐ Is the client's income below 80% of the median income for the area?

_____ _____
Client Signature Date

_____ _____
Interviewer Signature Date