

LAUREL HILL CENTER

HOUSING SERVICES APPLICATION

2145 Centennial Plaza
Eugene, OR 97401
(541) 485-6340 (tel)
(541) 984-3124 (fax)
housingservices@laurel.org

As part of our mission to serve individuals with psychiatric disabilities, Laurel Hill Center (LHC) has programs that provide assistance to individuals in obtaining housing or rental subsidies. By completing this form, you will be placed on our waiting list for housing assistance. The waiting list uses preference scoring based on the information you provide in this application to determine where your application will be placed on the waiting list and what programs you may qualify for, so please fill it out as completely as possible. Questions under the PROGRAM ELIGIBILITY section (pages 4-5) are the ones used to rank your application and determine eligibility. All answers will be verified.

THIS FORM DOES NOT INCLUDE LAUREL HILL CENTER'S HUD COMPLEXES. Check our website for more information about LHC HUD Complexes at www.laurel.org. There is a separate application for these properties that is available annually in July only.

★ APPLICATIONS MUST BE FILLED OUT COMPLETELY ★

The following supporting documents will be required once an applicant is presented with a housing opportunity

- Income verification: Recent Social Security award letter, recent pay stubs, letter from employer, etc.
- Valid ID and Social Security card. If you do not have one or the other, you will need to obtain it *before* you can qualify for most programs including the Rental Assistance Program and the Mainstream program.
- Applicants who are selected for Laurel Hill Center-owned properties are subject to a background check which includes criminal history, tenancy & eviction history, and consumer report. The ROI for a background check accompanying this application must be signed and dated, and the non-refundable \$10.00 application fee must be paid once the applicant reaches the top of the waiting list. You will be notified separately when it is time to pay the application fee. Applicants selected for programs that assist with housing in the community will be subject to screening procedures at the properties they choose to apply for.

FOLLOW-UP SCREENING: Laurel Hill Center Housing staff will follow up with you regarding this application to ask you some questions about your housing preferences, needs, and history. We will ask questions that will help us identify the best program(s) or type of housing for you, and some questions are designed to be sure of your eligibility for certain programs. You may decline to answer any questions or opt out of the screening all together, however, please understand that this screening is designed to help us find the best housing match for you and may also affect your eligibility for certain programs. Participating in this screening could improve your preference score on the waiting list and affect your chances of receiving assistance sooner. We will also answer any questions you may have about the application process, what you qualify for, and what to expect next. The screening should take approximately 30 minutes. By signing at the end of this application, you consent to being contacted by Laurel Hill Center housing staff for a follow-up screening.

EQUAL HOUSING OPPORTUNITY: Laurel Hill Center's housing is program housing specifically for individuals who meet eligibility criteria for LHC services and participate in its programs. LHC complies with the Fair Housing Act. The information in this packet will assist us in helping you address past barriers to successful tenancy so that when you transition to independent living, you will have removed common barriers to housing.

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APPLICANT INFORMATION

NAME (First, Middle, Last)		DATE OF BIRTH	GENDER	PRONOUNS
PHONE #		EMAIL		
COMPLETE MAILING ADDRESS				
Street Address:				
City, State, Zip:				
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other:				
<i>If preferred method is phone, may we leave a message?</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	ID TYPE	ID STATE	ID NUMBER	PREFERRED LANGUAGE
	<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> US Passport			
Will you require an accommodation due to a physical disability?				<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(If yes, documentation will be required and verified if offered a housing opportunity)</i>				
Describe the nature of the requested accommodation:				
Do you have a documented companion or service animal?				<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(If yes, documentation and licensing will be required and verified if offered a housing opportunity)</i>				
Do you have a pet(s)?				<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(If yes, licensing and up-to-date vaccination records will be required and verified if offered a housing opportunity)</i>				

ADDITIONAL HOUSEHOLD MEMBERS: List any and all additional people (if any) who will be living with you. If none, write "none" below.

NAME	DATE OF BIRTH	GENDER	RELATIONSHIP TO APPLICANT

DO YOU HAVE A DOCUMENTED LIVE-IN AIDE? **YES** **NO**

EMERGENCY CONTACT INFORMATION

NAME	PHONE #
CURRENT ADDRESS	
Street Address:	
City, State, Zip:	

LEGAL GUARDIAN INFORMATION *(if applicable)*

NAME	PHONE #
CURRENT ADDRESS	
Street Address:	
City, State, Zip:	

INCOME INFORMATION

SOURCE OF INCOME 1	SOURCE OF INCOME 2
<input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Wages <input type="checkbox"/> No Income <input type="checkbox"/> Other: _____	<input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Wages <input type="checkbox"/> Other: _____
Amount \$ _____ per month	Amount \$ _____ per month

PAYEE INFORMATION (if applicable)

NAME	PHONE #

*By providing payee information and signing this application, you authorize LHC to contact your Payee regarding security deposits, rent, or other financial requirements for LHC's Housing Programs.

CASE MANAGEMENT – Are you currently receiving case management? If so, where?

LOCATION	CASE MANAGER'S NAME
<input type="checkbox"/> Laurel Hill Center <input type="checkbox"/> Other _____	

Are you currently participating in a Laurel Hill Center housing program? YES NO

Do you currently have a rental subsidy or a voucher? (Section 8, Shelter Plus Care, etc.) YES NO

Have you applied for a rental subsidy or low-income housing? YES NO

If you are currently on the Section 8 wait list with Homes For Good, what is your lottery #? _____

LAUREL HILL CENTER HOUSING PROGRAMS

RENTAL ASSISTANCE PROGRAM

This is an income-based rental assistance grant for single individuals transitioning from higher levels of care such as residential programs, state-certified group homes, or acute care facilities such as the Behavioral Health Unit or state hospital. In addition, individuals who are homeless (currently living on the streets, at the mission, or another program designed to serve homeless individuals), have a documented mental illness, and are at risk for requiring a higher level of care without stable housing are also eligible. Home visits by staff are expected as part of this program. Participants must have the ability to pay at least 30% of their income towards rent. This program provides rent and housing stability assistance and helps you find a place to rent of your choice in the community.

Would you like to apply for the Rental Assistance Program? YES NO

MAINSTREAM VOUCHER PROGRAM

This is a case-managed Section 8 voucher program in partnership with Homes for Good Housing Agency, Lane County's housing authority. Applicants must be between the ages of 18-61, have a verifiable diagnosis of serious mental illness, *and* are either literally homeless, at risk of institutionalization, or at risk of homelessness without support. Income is not required.

Would you like to apply for the Mainstream voucher program? YES NO

LAUREL HILL CENTER PROGRAM HOUSING

These are single or shared apartment units for individuals actively engaged in Laurel Hill Center services who are homeless or at-risk for homelessness due to transitioning from a residential program or hospital, or who are actively addressing behavioral and other barriers to obtaining independent housing. While in the program, participants will build a rental history, apply for affordable housing, and develop skills and access the supports that will make a transition to independent housing successful. LHC staff provides assistance to apply for and obtain the resources necessary to move to independent affordable housing once a unit has been located. Laurel Hill Center-owned housing is provided in congregate site locations in both Eugene and Springfield.

Would you like to apply for Laurel Hill Center Program Housing? YES NO

LAUREL HILL CENTER PROGRAM HOUSING (continued)

These units are tobacco/smoke free (outside smoking areas available). Are you able to comply with the no-smoking policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pets are not allowed on Program Housing property (service/companion animals with proper, verifiable documentation are not considered pets). Do you have pets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please read and initial the following:

_____ **Application Fee:** If selected for and interested in Laurel Hill Center Program Housing, I will pay an application fee of \$10 (per adult household member), payable to Laurel Hill Center. By initialing, I understand that this fee is *non-refundable* whether or not I decide to rent an apartment. We only charge the fee and conduct a screening when there is an available Program Housing unit that you qualify for.

_____ **Utilities:** Tenants are responsible for setting up and paying their own utilities not included in the rental agreement. For most Laurel Hill Center properties, water, sewage, garbage, and recycling are included. Electric, phone, internet, and TV are *not* included. An EWEB or SUB electric account must be set up in the tenant's name prior to move in. If you owe money to a utility company, or you do not have a valid ID, these items will also need to be addressed prior to move in. By initialing, I certify that I have read and accept the utility requirements in Laurel Hill Center Program Housing.

_____ **Prorated Rent:** By initialing, if my application is approved, I understand I will need to pay the prorated rent. My first month's rent will be prorated to reflect only the number of days I will be occupying the unit during the month that I move in.

_____ **Refundable Security Deposit:** By initialing, I understand that, due prior to move-in, the refundable security deposit is returned to the tenant no later than 31 days after the tenant vacates if the landlord receives a 30-day written notice and if no cleaning or damage charges are deducted.

_____ **Regular Monthly Rent:** By initialing, I understand rent is due on the 1st day of each month and is late if received after the 4th day of the month. Late fees may apply and/or notice to vacate will be sent for non-payment.

PROGRAM ELIGIBILITY

Laurel Hill Center has more than one housing assistance program, each with different requirements for eligibility. This section will gather information to help us determine what programs you may be eligible for.

DEFINITION OF HOMELESS

In order to be eligible for any of the Laurel Hill Center Housing Programs you must meet the definition of homeless or at risk of homelessness based on the following guidelines. Please choose the definition that best matches your current living situation:

Literally Homeless

An individual or family who lacks a fixed, regular, and adequate nighttime residence meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

At serious risk of becoming homeless

Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in the "Literally Homeless" definition above; and meets one of the following conditions:

- Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
- Is living in the home of another because of economic hardship;
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
- Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
- Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
- Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness. Examples include but are not limited to: substandard living conditions; rent burdened (50% or more of monthly income goes towards housing expenses).

Homeless under other Federal statutes

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined as homeless under the other listed federal statutes;
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and
- Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Fleeing/Attempting to Flee Domestic Violence

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other residence; and
- Lacks the resource or support networks to obtain other permanent housing.

CURRENT HOUSING STATUS

(Select ONE option that suits your situation the best)

I am literally homeless under the definitions listed above.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am at serious risk of becoming homeless under the definitions listed above.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have received notice to vacate a psychiatric hospital, behavioral health residential program, or congregate housing such as a state certified foster home or group home.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Date of Notice:	
I am fleeing or attempting to flee domestic violence .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have received notice to vacate my residence within the next 60 days.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Date of Notice:	
I live in time-limited housing such as a housing program that is not meant to be permanent or is considered "transitional".	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CHECK HERE IF NONE OF THE ABOVE DEFINITIONS APPLY TO YOUR CURRENT HOUSING SITUATION

OTHER ELIGIBILITY CRITERIA

(Select all that apply)

I owe money to, or have been evicted by a court, from a HUD Property	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have had a rental agreement terminated for a violation or non-payment of rent <i>If yes, who was your property manager?</i> _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I owe money to a property management company <i>If yes, who was your property manager?</i> _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I owe money to a utility company <i>If yes, what utility company?</i> _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have been evicted by a court from a non-HUD property <i>If yes, who was your property manager?</i> _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have an outstanding warrant	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I, or someone in my household, is required to comply with the state sex offender registration program <i>If yes, who in the household is required to register?</i> _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am AMHI/Choices eligible	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I currently have criminal charges being addressed in Mental Health court	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have felonies on my record	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CHECK HERE IF NONE OF THE ABOVE APPLY TO YOU

CRIMINAL HISTORY

*Please note that answering 'yes' to the statement below will not automatically disqualify you for housing services, but answering to the best of your knowledge will help us more accurately determine the best available housing services for you.

I, or someone in my household, has had one or more convictions for the following:

Assault, menacing, harassment, intimidation, arson, sex offenses, prostitution, stalking, weapons charges, theft, extensive property damage, or the sale, use, or manufacturing of drugs/illegal substances.

YES NO

CHECK HERE IF NO ONE IN YOUR HOUSEHOLD HAS ANY PAST OR CURRENTLY PENDING CRIMINAL CHARGES

CHECK HERE IF YOU ARE UNSURE OF ANY PAST OR CURRENTLY PENDING CRIMINAL CHARGES

If you answered YES to the statement above, please fill out the following as completely as possible.

ARREST, CHARGE, OR CONVICTION	CITY/STATE	MONTH/YEAR OF CHARGE

HOUSING HISTORY

Please list current and prior physical addresses for the past 5 years. Include housing programs and transitional housing.

CURRENT PHYSICAL ADDRESS		* REQUIRED *
Street Address:		
City, State, Zip:		
How long have you resided at this residence? From: _____ To: _____	How much is your rent? \$ _____	
Who is the Landlord/Property Manager?		
Landlord/Property Manger Phone #:	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your reason for moving/needing rental assistance?		

PREVIOUS PHYSICAL ADDRESS	
Street Address:	
City, State, Zip:	
What dates did you reside at this residence? From: _____ To: _____	How much was your rent? \$ _____
Who was the Landlord/Property Manager?	
Landlord/Property Manger Phone #:	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was your reason for moving?	

PREVIOUS PHYSICAL ADDRESS	
Street Address:	
City, State, Zip:	
What dates did you reside at this residence? From: _____ To: _____	How much was your rent? \$ _____
Who was the Landlord/Property Manager?	
Landlord/Property Manger Phone #:	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was your reason for moving?	

★ By signing this application, I understand that I will be placed on a waiting list. Applicants will be prioritized according to established contract requirements, policies, and procedures. I also understand that it is my responsibility to contact LHC should my contact information, household composition, or eligibility information change. Failure to do so may result in loss of opportunity to apply for housing assistance or denial of housing assistance due to household or eligibility changes.

CERTIFICATION: The information provided on this application form is complete and true to the best of my knowledge. I understand that providing false information may lead to denial of this application, to termination of rental agreement (if falsehood is discovered after move-in), or to criminal prosecution. I understand that admission is conditioned upon eligibility criteria set by state law, this site's Tenant Selection Plan, and my payment of applicable rent and security deposit in advance of move-in. I understand that, should I be accepted for admission, I must not maintain any other residence anywhere after I move in. I further understand that this information will be verified and that I must keep the application current by notifying Laurel Hill Center of changes in address and preferential status.

Applicant Signature

Date

Representative Signature

Date

Laurel Hill Center

2145 Centennial Plaza Eugene, OR 97401

Phone: (541) 485-6340

Fax: (541) 984-3124

Authorization to Use and Disclose Background Information

All fields must be filled out

First Name	Middle Name	Last Name
Phone Number	DOB	
Social Security Number	Gender	
Current Address		
Previous Address		
ID Type:	ID State:	ID Number:
<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> US Passport		

I authorize Laurel Hill Center to conduct a background check for the following information: Criminal & tenant history including credit and consumer report.

This release authorizes the agency or individual above to exchange information with, provide information to, and/or receive information from Laurel Hill Center for the purpose of: **Rental Housing Eligibility.**

This authorization will remain in effect for the duration of my participation in the program unless revoked by me in writing. All information will be handled in accordance with state and federal law including the Fair Credit Reporting Act.

I understand that I can revoke this authorization in writing at any time; however, any such revocation will not apply to any activity previously undertaken based on this authorization.

By signing, I have read this authorization and understand it.

Applicant Signature

Date

Representative Signature

Date

Laurel Hill Center

2145 Centennial Plaza Eugene, OR 97401

Phone: (541) 485-6340

Fax: (541) 984-3124

Authorization to Use and Disclose Housing Information

This release authorizes Laurel Hill Center Housing Department to exchange information with, provide information to, and receive information from Laurel Hill Center Recovery Programs for the duration of my participation in the housing program.

I understand that I may choose not to sign this authorization and that my choice not to sign will not affect my ability to receive services. I understand that I can revoke this authorization in writing at any time; however, any such revocation will not apply to any activity previously undertaken based on this authorization. This authorization will remain in effect while I am a tenant and/or my account remains open with the above listed entity, property manager, or individual unless revoked by me in writing.

Please initial each type of information you approve for sharing/disclosure:

- Information about my housing application and status
- Information about my housing account including rent, balance, charges, fees, and security deposit
- Results of unit inspections
- Copies of warnings
- Copies of notices
- Information about complaints made against me as a tenant
- Information about complaints made by me as a tenant about the property or activities on the property
- Information about incidents that occur at my residence or on the property related to me
- Maintenance performed on my unit and requests for repairs made by me and related charges
- Copy all housing correspondences to Laurel Hill Center recovery staff
- Other: _____

I have read this authorization and understand it.

Applicant Signature

Date

Representative Signature

Date

Laurel Hill Center

2145 Centennial Plaza Eugene, OR 97401

Phone: (541) 485-6340

Fax: (541) 984-3124

Release of Information for Verification of Disability and Housing Status

I authorize Laurel Hill Center Recovery staff to release information to Laurel Hill Center Housing Services for the purpose of determining my eligibility for housing and rental assistance programs managed by Laurel Hill Center Housing Services Department. Information that will be requested is as follows:

- 1) Has symptoms and/or behaviors which qualify for one of the following OAR diagnosis for SMI: (1) Bipolar Disorder, (2) Schizophrenia and other Disorder with Psychosis, (3) Major Depressive Disorder, (4) Obsessive-Compulsive Disorder, (5) Post Traumatic Stress Disorder, Schizotypal Personality Disorder or Borderline Personality Disorder OR has documentation from social security which indicates a disability due to one of the aforementioned OAR diagnosis for SMI. We will not ask for your specific diagnosis or disability, only whether or not you qualify based on these criteria.
- 2) FOR LAUREL HILL CENTER PROGRAM HOUSING ONLY, we will verify that, even when housed, participant is expected to require intensive behavioral health services, a minimum of 4 hours a month, for the next 12 months in order to effectively manage symptoms and behaviors, and to obtain the necessary resources to meet eligibility criteria and maintain scattered site supportive housing or independent housing in the community.
- 3) Your housing situation at the time your application is drawn from the waiting list:
 - a) At risk of re-entering a licensed residential or hospital setting without supportive housing.
 - b) At risk of becoming homeless without supportive housing.
 - c) Living in transitional housing.
 - d) Literally homeless.
 - e) Under notice to vacate from current residence within 60 days.
 - f) Or, none of the above apply.

This authorization will remain in effect for the duration of my participation in the program or as long as this application remains on the waiting list unless revoked by me in writing. All information will be handled in accordance with state and federal law.

I understand that I can choose not to sign this authorization, but that choosing not to sign will result in ineligibility for housing programs and rental assistance.

I understand that I can revoke this authorization in writing at any time; however, any such revocation will not apply to any activity previously undertaken based on this authorization.

I have read this authorization and understand it.

Applicant Signature

Date

Representative Signature

Date



Authorization to Use and Disclose Housing Information: Advocate

Participant Name: _____ DOB: _____

I authorize (*Name of Agency/Advocate*): _____

Phone: _____ E-mail Address: _____

and **Laurel Hill Center Housing Department** to disclose the following:

(Please select each type of information you wish to approve for disclosure)

- | | |
|---|---|
| <input type="checkbox"/> Information about my housing account including rent, pro-rated rent, fees, and security deposit | <input type="checkbox"/> Letters of support and certification of completed programs |
| <input type="checkbox"/> Results of unit inspections | <input type="checkbox"/> Documentation of legal identity |
| <input type="checkbox"/> Copies of warnings | <input type="checkbox"/> Verification of Social Security Number |
| <input type="checkbox"/> Copies of notices | <input type="checkbox"/> Proof of income |
| <input type="checkbox"/> Information about complaints made against me as a tenant | <input type="checkbox"/> Request for Accommodation/Modification |
| <input type="checkbox"/> Information about complaints made by me as a tenant about the property or activities on the property | <input type="checkbox"/> Service/Companion Animal documentation |
| <input type="checkbox"/> Information about incidents that occur at my residence or on the property related to me | <input type="checkbox"/> Other record(s) from my file (You must specify other records): _____ |
| | <input type="checkbox"/> Copies of all housing correspondences to Laurel Hill Center recovery staff |

This release authorizes the entity or individual above to exchange information with, provide information to, and receive information from Laurel Hill Center for the duration my account with the entity or individual above is open for the purpose of housing navigation and to assist with support and services.

I understand that I may choose not to sign this authorization and that my choice not to sign will not affect my ability to receive services. I understand that I can revoke this authorization in writing at any time; however, any such revocation will not apply to any activity previously undertaken based of this authorization. This authorization will remain in effect while I am a tenant and/or my account remains open with the above listed entity, property manager, or individual unless revoked by me in writing.

I have read this authorization and understand it.

Signature of person authorizing release

Date

Signature of legal or personal representative

Date

Signature of Laurel Hill Center staff

Date

Signature of agency staff person making copies that this is a true copy of the original authorization

Date

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

You will be required to provide the following documents before we can enroll you in a housing program.

Adults: Current, state-issued ID (not expired); US military discharge (DD 214); Current US passport; current employer identification card; certificate of birth; naturalization papers	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	
Children: Certificate of birth; naturalization papers; adoption papers; custody agreement; Health and Human Services ID; certified school records	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable
Social Security Card (or a document from a government agency with your name and SSN on it) for all family members	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	
Documentation for a live-in care provider	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable
Current documentation of all sources of income (Social Security award letter, pay stubs, at least three months of bank statements showing income deposits, etc.)	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable
Service/Companion Animal documentation from Provider (for <i>each</i> animal)	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable
Service/Companion Animal/Pet up-to-date vaccination records (for <i>each</i> animal)	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable
Service/Companion Animal/Pet license (for dogs only)	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable
Documentation for a request for housing accommodation for a physical disability (ground floor units, modifications, etc.)	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable
Records of treatment and/or letters of reference if you have been convicted of a felony	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable
Records of treatment and/or letters of reference if you have received a notice to vacate or been evicted from a property due to a disability.	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable
Documentation of money owed to a landlord and/or utility; money in collections; or bankruptcy in the last 7 years.	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable
Verification of assets (current financial statements for all accounts for all household members including checking and savings accounts, trust funds, retirement, investments, property, etc.)	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable
Education: Verification of enrollment status (full or part time) for all household members aged 18 or older. This must include verification of current financial aid award amount or proof that you are not receiving financial aid. If you accepted Federal Work Study and you are NOT receiving it, provide documentation from the school.	<input type="checkbox"/> I have it	<input type="checkbox"/> I need it	<input type="checkbox"/> Not Applicable

If you do not currently have an item that is listed but pertains to you (“I need it”), now is the time to work on obtaining the documentation so that you don’t miss out on any potential opportunities in the future.

You are welcome to attach any copies to your completed application or email them directly to the Housing Program Staff at housingservices@laurel.org at any time.