

Client Name: _____ Date: _____

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Eligibility Criteria:

For Family Emergency Shelter and Family Transitional Housing:

The program is available for family's experiencing homelessness with children under the age of 18, or pregnant.

For the application to be approved you must submit application with the following:

1. Homeless verification letter. HUD definition:
 - a. Family staying at an emergency shelter.
 - b. Family staying in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street). Professional must verify with a written notice on letter head.
2. Copy of picture ID for adults applying.
3. Copy of Social Security Cards or Provider One Card for each child. If you are pregnant and do not have other children in your care, you must provide a copy of proof of pregnancy.
4. Income Verification (pay stubs, DSHS, SSI, Per Capita/ Gaming and or other)
5. Proof of school enrollment for all school age children, this needs to be a printout from the school your child is currently attending or School District with current date.

For Sage House, Passage House, Beckett House Transitional Housing:

1. Must be currently attending Chemical Dependency Treatment or completed treatment in the last 12 months.
2. Copy of picture ID for adults applying.
3. Copy of Social Security Cards or Provider One Card for each child. If you are pregnant and do not have other children in your care, you must provide a copy of proof of pregnancy.
4. Income Verification (pay stubs, DSHS, SSI, Per Capita/ Gaming and or other)
5. Proof of school enrollment for all school age children, this needs to be a printout from the school your child is currently attending or School District with current date.

*The submission of this application does not guarantee that you will receive a housing unit. However, it will help us determine your eligibility for the programs for which you are applying.

Your application will not be approved unless filled out completely and all documents required are submitted.



Triumph Housing Application

Name:	SSN:	Date of birth:
Ethnicity:	Race:	Gender:
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact #:
Email:		Education level <input type="checkbox"/> High School grade: <input type="checkbox"/> GED <input type="checkbox"/> College
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partners <input type="checkbox"/> Divorced/ Separated		WA ID#
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Provider One Number: _____ How many times homeless in the past 3 years ()

Family members (please specify if residing with you with an “R” or if you have overnight visits with an “OV”)

Name	Relationship	Gender	Age	DOB	SSN	Ethnicity	R/OV

Are you or any member of your household required to register as a sex offender NO YES, Who: _____

Current living situation <input type="checkbox"/> Rent <input type="checkbox"/> Shelter <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Motel <input type="checkbox"/> Other:
Current address:

For any household member:

Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No Who: _____	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Who: _____	Branch: _____	Year of service: _____
Currently in treatment <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Center: _____	Treatment Counselor: _____	
If in inpatient expected date of graduation: _____	Drug of choice: _____		
Legal Issues <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Court <input type="checkbox"/> Family Treatment Court <input type="checkbox"/> DUI Court <input type="checkbox"/>	Next court date: _____	
Conviction for an offense other than a misdemeanor: <input type="checkbox"/> Yes <input type="checkbox"/> No Who: _____			
Nature of conviction: _____	Time served: _____	Date released: _____	
DOC /Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No Worker/ Officer and Contact#: _____			
DCYF involved <input type="checkbox"/> Yes <input type="checkbox"/> No Social Workers name and contact#: _____			
PCAP Services: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of PCAP worker: _____			

Source of income for all household members, please ✓ mark and write the amount to any that apply:

TANF: <input type="checkbox"/> \$ _____	Food Stamps: <input type="checkbox"/> \$ _____	Family Member Employed: _____
Per Capita/Gaming: <input type="checkbox"/> \$ _____	Disability / SSI: <input type="checkbox"/> \$ _____	Name of Employer: _____
Child Support: <input type="checkbox"/> \$ _____	Unemployment: <input type="checkbox"/> \$ _____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Date hired: _____
ABD/HEN: <input type="checkbox"/> \$ _____	V.A Pension: <input type="checkbox"/> \$ _____	<input type="checkbox"/> Per hour \$
Other Pension: <input type="checkbox"/> \$ _____	Educational Grant: <input type="checkbox"/> \$ _____	<input type="checkbox"/> Per Week \$
Labor & Industries: <input type="checkbox"/> \$ _____	Self-employment: <input type="checkbox"/> \$ _____	<input type="checkbox"/> Per Month \$
Death Benefits: <input type="checkbox"/> \$ _____	Other: <input type="checkbox"/> \$ _____	

PLEASE READ VERY CAREFULLY:

I fully understand that TRIUMPH Housing is a clean and sober, affordable housing provider. I certify that I will not use any alcohol or drugs of any kind, on or off the premises, nor will anyone in my household. I also promise to not bring anyone onto TRIUMPH Housing properties that uses alcohol or drugs. I also understand all members of my household will be subject to random Urine- Analysis and Breathalyzer tests, with or without cause. I agree to fully cooperate with TRIUMPH Housing staff in complying with this requirement. Finally, I understand any false, fraudulent, or misleading information will default this application and may result in denial or termination of residency. I also understand residency is dependent on my household income eligibility based on programs.

_____	_____	_____	_____
Applicant Signature	Date	Applicant Signature	Date



Triumph Housing Application

Triumph Housing Request for Reasonable Accommodations

Sometimes people with disabilities may need a reasonable accommodation to take full advantage of the housing program and related services. A reasonable accommodation does not confer special treatment or advantage for the person with disability; rather, it makes the program fully accessible to them in a way that would otherwise not be possible due to their disability. For the purpose of providing reasonable accommodation, the definition of a person with disability is:

A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. (The disability may not be apparent to others, i.e., a heart condition).

I (the undersigned) am requesting the following reasonable accommodation from the housing program:

Check if not applicable

Housing retains the right to be shown how the requested accommodation enables the individual to access or use the program or related services. If more than one accommodation is equally effective in providing access to the programs and services, then housing retains the right to select the most efficient or economical choice.

Applicant Signature and Date

Applicant Signature and Date

PERMISSION TO CONDUCT BACKGROUND CHECK

I/ We understand and agree that the information supplied on this release for is true and correct, to the best of my/our knowledge. Triumph has my/our authorization to thoroughly investigate my (all adults) criminal history. A background check will develop information concerning my (all adults) character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation.

***Attach Copy of Picture ID.**

Applicant's Full Name: _____

Applicant's Full Name: _____

DOB: _____

DOB: _____

WA state ID# _____

WA state ID# _____

Applicant Signature: _____

Applicant Signature: _____

***IN ORDER FOR THIS APPLICATION TO BE CONSIDERED COMPLETE, YOU WILL NEED TO PROVIDE COPIES OF THE FOLLOWING FOR ALL HOUSEHOLD MEMBERS:**

PICTURE ID FOR ADULTS

BIRTH CERTIFICATES

SOCIAL SECURITY CARDS

INCOME VERIFICATION

FOR OFFICE USE ONLY:

Background check completed on: _____

Staff completing background check: _____

Application has required information for approval to be placed on wait list yes no Initials: _____