

# **Triumph Housing Application**

Client Name:	Date:
Client Name:	

### **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, Beckett House, My Brother's House, and Parkway:

- 1. Must be currently attending Substance Use 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.

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

<sup>\*</sup>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.



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Name:		SSN: Date of birth:								
Ethnicity:	Race:		Gender: Pregnant? ☐ Yes ☐ No							
Contact #:		Email:								
Education level □ Hig	h School grade:	□ GED	☐ College	e						
Marital Status: 🗌 Sing					WA ID#					
Health Insurance 🗆 Yes			•	ow mar	ny times ho	meless in the pa	st 3 years ( )			
Familia na anabana /					-	·		\ <b>/</b> ??\		
	please specify if re				-					
Nam	<u>e</u>	Relationship	Gender	Age	DOB	SSN	Ethnicity	R /OV		
Are you or any men	nber of your househ	old required to re	gister as a s	sex offe	ender 🗆 No	O □YES, Who:				
Current living situation	Chalt	r 🗆 Family 🗀 Fr	iond $\square$ Ma		Othory					
Current living situation		er 🗆 Family 🗀 Fr		itei 🗀	Other.					
Current address:										
For any household n	nember:									
Disabled ☐ Yes ☐ No \	Who: Ve	teran□ Yes □ No \	Who:	Brar	nch:	Yea	r of service:			
Currently in treatment	∷ ☐ Yes ☐ No Treatr	ment Center:	Treatment Counselor:							
If in inpatient expected	d date of graduation	:		Drug	of choice:					
Legal Issues ☐ Yes ☐	No Drug Court	Family Treatme	nt Court 🗆		ourt 🗆	Next court dat	te:			
Conviction for an offer	nse other than a misc	demeanor: 🗆 Yes 🛚	□ No Who	:						
Nature of conviction:	Time	served:		Dat	e released:					
DOC /Probation or Pare	ole □ Yes □ No V	Vorker/ Officer and	Contact#:							
DCYF involved ☐ Yes	☐ No Social Work	kers name and con	tact#:							
PCAP Services: ☐ Yes	☐ No Name of PO	CAP worker:								
	ne for all household i									
		Food Stamps:   !		Family Member Employed:						
Per Capita/Gaming:	] \$	Disability / SSI: 🗆 :	\$							
Child Support:		nemployment: 🗆 :		Name of Employer:						
ABD/HEN:		V.A Pension:		Full Time  Part Time Date hired:						
Other Pension:		cational Grant: 🗆 :								
Labor & Industries:	」\$ Seli	f-employment:	\$	☐ Per nour \$						
Death Benefits:	ـــــــــــــــــــــــــــــــــــــ	Otner: 🗆 :	>	☐ Per Week \$ ☐ Per Month \$						
				L P	er Month \$					
<u>PLEASE READ VER</u>	Y CAREFULLY:									
I fully understand the	at Triumph Housing is	s a clean and sober,	affordable	housin	g provider.	I certify that I wi	ll not use any			
	nny kind, on or off the									
	ing properties that us									
	rine- Analysis and Br					-				
=	plying with this requi				_			1		
will default this app	lication and may res	ult in denial or terr	nination of	residen	icy. I also	understand resid	ency is			
	ousehold income elig									
•		•	•							
							_			
Applicant Cianature	Data		Applicant C	ianat	0 Dat	_				
Applicant Signature	Date		Applicant S	ıgnatur	e Date	2				

122 S. 3<sup>rd</sup> St Yakima, WA 98901

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## **Triumph Housing Application**

## **Triumph Housing Request for Reasonable Accommodations**

Sometimes people with disabilities may need 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 providing reasonable accommodation, the definite 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 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: \_\_\_\_\_\_ 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: