

Eligibility Criteria:

For Family Emergency Shelter – 28-day stay:

The program is available for families with children under the age of 18 or pregnant, experiencing homelessness. Only certified service animals with all required records are allowed at the Shelter (One per household).

For the application to be approved you must submit application with **ALL** 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). Professionals 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. If you are pregnant and do not have other children in your care, you must provide a copy of proof of pregnancy. If the children are in state custody, you must provide a letter from DCFY agreeing to 51% overnight.
4. Income Verification (Pay Stubs, DSHS, SSI, Per Capita/Gaming, etc.) **MUST BE UNDER 30% AMI**
5. Proof of school enrollment for all school-age children: printout from the school your child/ren attends or the School District with the current date.

For Sage House- Women’s Community Living:

1. You are required to be in treatment services at Triumph Treatment Service’s SUD and/ or MH treatment program, subject to limited exception.
2. Copy of picture ID and birth certificate for adults applying.
3. Copy of each child’s Social Security Card and birth certificate.
4. Income Verification (Pay Stubs, DSHS, SSI, Per Capita/ Gaming, etc.)

For Beckett House- Men – Shared Room:

1. You are required to be in treatment services at Triumph Treatment Service’s SUD and/ or MH treatment program, subject to limited exception.
2. Copy of valid picture ID.
3. Homeless Letter.
4. Proof of disability – Social Security Letter – ABD-HEN
5. Income Verification (Pay Stubs, DSHS, SSI, Per Capita/ Gaming, etc.) **MUST BE UNDER 30% AMI**

***Submitting this application does not guarantee 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 and placed on the waiting list unless it is filled out completely, signed by each adult and all the required documents are submitted.**

Signature _____ Date _____

Signature _____ Date _____



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/Peer Support Services: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of 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: _____ Name of Employer: _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Date hired: _____ <input type="checkbox"/> Per hour \$ _____ <input type="checkbox"/> Per Week \$ _____ <input type="checkbox"/> Per Month \$ _____
Per Capita/Gaming: <input type="checkbox"/> \$ _____	Disability / SSI: <input type="checkbox"/> \$ _____	
Child Support: <input type="checkbox"/> \$ _____	Unemployment: <input type="checkbox"/> \$ _____	
ABD/HEN: <input type="checkbox"/> \$ _____	V.A Pension: <input type="checkbox"/> \$ _____	
Other Pension: <input type="checkbox"/> \$ _____	Educational Grant: <input type="checkbox"/> \$ _____	
Labor & Industries: <input type="checkbox"/> \$ _____	Self-employment: <input type="checkbox"/> \$ _____	
Death Benefits: <input type="checkbox"/> \$ _____	Other: <input type="checkbox"/> \$ _____	
DSHS Client ID Number: _____		
Case Worker Name and Contact: _____		

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.

Signature Date Signature Date



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.

Signature Date Signature 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: _____

***FOR THIS APPLICATION TO BE CONSIDERED COMPLETE AND MOVED TO THE NEXT HOUSING PHASE, IF AVAILABLE, 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: _____