

YWCA UTAH

KATHLEEN ROBISON HUNTSMAN TRANSITIONAL HOUSING PROGRAM

1. **Fill out application completely** with requested documentation. Incomplete applications cannot be processed.
2. **Have referring worker complete Agency Referral Form.**
3. **Return application packet** to the YWCA Receptionist at 322 East 300 South Salt Lake City, UT 84111 or fax it to (801-355-2826)

The YWCA Kathleen Robison Huntsman (KRH) Housing Program is a 24-month transitional housing program for families who are currently homeless due to domestic violence. The program provides women with a two or three bedroom apartment, safety and security, laundry facilities, case management services and group meetings.

Criteria for Participation:

- Applicant must be homeless due to recent domestic violence.
- Applicant must be a female who is 18 years or older who is either pregnant, the head of household and/or the primary caretaker of dependent children.
- Applicant must have the ability and desire to become self-sufficient and end the DV cycle.
- The supportive services do not include therapy or medication management.
- Applicant must be able to function within a community setting, caring for herself and her children without requiring assistance with activities of daily living or mental health services other than those provided through referral by their KRH case manager. .
- Applicant must demonstrate the ability to live with a diverse population of women and children and to respect different lifestyles and choices.
- Applicant must be able to establish accounts for utilities (gas and electricity) in own name.
- Applicant must agree to comply with program rules and regulations and the YWCA mission.
- Applicant must complete and submit a program application and requested documentation for consideration.

Submission Checklist:

(Applications will not be processed without everything on the checklist submitted.)

Please include a copy of the following:

____ Copy of all **income verification** in the form of:

- printed statement of assistance from DWS “MyCase”
- completed “Employment Verification” form faxed directly from employer to YWCA
- unemployment or disability assistance printout

____ Copy of **picture ID** for all adults in the household

____ Copy of **birth certificates** for all children in family who would be living at KRH

____ Copy of **Social Security cards** for all family members who have a social security number

____ Copy of **permanent resident cards, I-94 forms, refugee status forms or other status documentation** for family members who do not have a social security number

____ **Agency Referral Form** (completed by worker at referring agency)

____ **Completed KRH application** (No blank questions or White-Out please.)

AGENCY REFERRAL FORM

I hereby request and authorize the below named referral source to release information to the KRH Program pertinent to mine or my children's current social, drug, medical, and psychological situation for purposes of eligibility determination.

Applicant name: _____ (please print)

Signature of Applicant

Date

This portion must be completed and signed by the worker in the applicant's referral agency. Acceptable referral sources include: shelter workers, licensed therapists, substance abuse counselors, DCFS workers, FJC guides or school counselors.

Referral Agency: _____
Agency Name *Phone*

Referred by: _____
Referring Individual Name (please print) *Title/Position*

Signature *Referral Date*

Referral Source: please answer the following questions in complete, descriptive sentences, then submit form with application or fax to (801) 355-2826 (ATTN: KRH Program Director)

1. Please describe the family's domestic violence situation and timeframe of incidents:

2. Please describe the family's current living situation:

3. What services has your agency provided this family?



Kathleen Robison Huntsman Tax Credit Project Application

This application is not a rental agreement, contract or lease. All applications are subject to the approval of the owner or managing agent.

CONSENT: I/we have authorized and direct any Federal, State, or local agency, organization, business or individual to release to the Kathleen Robison Huntsman Apartments any information or materials needed to complete and verify my application for residency with the Kathleen Robison Huntsman Apartments.

General Information

Name: _____

Address: _____

Zip Code: _____

Home phone: _____

Work Phone: _____

List all persons who live in your household:

Full Name	Relationship to Head	Social Security #	D.O.B	Sex	Full-time Student? y/n
	Self				

Are you participating in a government funded training program such as JTPA or PASS? No/ Yes If yes, which program: _____

TOTAL HOUSEHOLD INCOME

List all money earned or received by everyone in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement benefits, AFDC, Veterans Benefits, rental property income, stock dividends, income from bank accounts, alimony, student income, and any other source. If you receive any of the incomes listed above, please list amount received below:



Household member	Source of income	Amount received per month	Employment income per hour	Employment hours per week

Is your family currently receiving food stamps? __No __Yes

Is your family currently receiving Medicaid/ Children’s Health Insurance Program(CHIP):No/Yes

ASSETS: Do you have any of the following: __No __Yes

Checking Acct# _____ Balance \$ _____

Name of Bank _____

Savings acct# _____ Balance \$ _____

Name of Bank _____

Money Market Account _____

Name of Bank _____

Do you own any bonds? _____ Aproximate Value _____

Do you own any real estate? _____ Aproximate Value _____

CHILD CARE EXPENSES

Do you pay for regular childcare? __No __Yes If yes please fill out:

Provider’s Name _____

Provider’s address _____

Zip Code _____

Telephone number _____

Number of children receiving child care services _____

EDUCATION/ TRAINING:

Please check level of education for Head of Household

___GED ___High School ___College ___ Vocational Job

CHILD SUPPORT:

Do you receive child support from the Office of Recovery Services (ORS)? ___NO ___YES

Is child support received directly from an Absent Parent?___NO_ YES.

Please provide the absent parent’s name and current address: (Individuals will not be contacted.)

Child’s Name	Absent Parent’s Full Name	Absent Parent’s address



Please answer each question completely. If you have answered yes, complete the additional information:

Question	Yes	No	Additional Information
Are any household members full time students?			Who?
Are any household members temporarily absent?			Who?
Are any household members permanently absent?			Who?
Are you separated, but <u>not</u> divorced from your spouse?			
Will you be receiving housing assistance from a local agency?			Agency?

EMERGENCY CONTACT:

Please provide the name of someone who can be contacted in case of emergency:

Name _____ Phone _____ Relationship _____

SIGNATURE CLAUSE

I/We certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for continued residency as may be necessary. I understand that any misrepresentation may result in the denial of my application. I authorize the Kathleen Robison Huntsman Apartments, its subsidiaries, and its agents to investigate my credit worthiness through any credit bureau or other reasonable means. I have read this application and understand it.

ALL ADULT FAMILY MEMBERS OF THIS HOUSEHOLD MUST SIGN BELOW

Printed Name

Signature

Date

Printed Name

Signature

Date