

UNIVERSAL APPLICATION FOR ICAN HOUSING

Date Rec'd ____/____/ 20____		First Name	M.I.	Last Name
Street Address or where you slept last night if homeless			If housed, how long can you stay there?	
Social Security #	Male / Female	Birth date	Phone	
Veteran Yes / No	Single / Married/ Divorced / Living with partner .		Are children in your home?	
Race of Head of Household (for statistical purposes only) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawain or Other Pacific Island		Ethnicity of Head of Household (for statistical purposes only) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanci or Latino		
Agency providing services?		Case Manager?		

HOUSING HISTORY

Are you homeless?	HMIS number	How many times have you been homeless in the last three years?
Reasons for homelessness. Identify all that apply.		
What efforts have you made to obtain housing?		
Have you ever been evicted? Yes / No If yes, please list reason(s):		
Address of last permanent home:	Why did you move from this unit?	
Stark Metropolitan Housing application submitted? Yes / No OR Date and time of appointment		
Are you eligible for SMHA assistance?	If not, why not.	When did this occur?

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Some ICAN housing use is restricted by HUD rules. The following information is needed to determine which program you are eligible for. It is not used to discriminate or bar you from programs for which you are eligible by program rules. Please answer yes in each box that applies to you. Put N/A in each box that does not apply to you.

a. Mental illness	b. Alcohol use	c. Use of drugs not prescribed to you.	g. Domestic violence	e. Developmental disability	f. Physical disability
Have you been hospitalized for mental health reasons?		If yes, please identify date(s) and place(s) of residential care:			
Have you or a household member ever been convicted of a crime?		If yes, describe the offense.		Have you or a household member served time in jail or prison?	
Are you or another household member subject to a state registration requirement for sex offenders?			If yes, is it a lifetime requirement?		
List the monthly amount and sources of your income. If you do not have income, what is your plan to secure it?					
If you do not currently have an income, have you applied for benefits?		If yes, please list the type of benefits and date applied:			
Do you expect a change in your household composition?				If yes, how will it change and when?	

Employment or self sufficiency goals

Please list a phone number, address, or contact person where you may be reached:

APPLICANT CERTIFICATION

PLEASE INITIAL EACH STATEMENT BELOW

I/we understand that the above information is being collected to determine my/our eligibility. _____

I/we authorize ICAN to verify/share all necessary information provided on this application. _____

I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. _____

Signature of Applicant

Date

ICAN Employee Signature

Date

SUPPORT PROVIDER VERIFICATION

Support Provider's Relationship to Applicant

Please describe the type and frequency of supports necessary for the applicant's permanent housing retention and recovery goals that will be provided or obtained by the agency/person making this referral:

Signature of Support Provider (if applicable)

Date

Eligibility for ICAN programs will only be determined after full program applications are submitted. The Universal application does not guarantee admission into any ICAN program. Full program applications can be obtained at ICAN's website at www.ican-inc.org or at the front desk at ICAN from 8am-5pm, Monday thru Friday and must be submitted by the mental health service provider. Applications will be time stamped upon receipt.

For Office Use Only

Date Reviewed / /

Program: HAP S + C HUD 811 SHP W
 BASIC VHP SHP

Denial:
Reason(s)