



HOMELESS RESOURCE APPLICATION

Applicant Name: _____

Mailing Address: _____

Physical Address: _____

Social Security #: _____ - _____ - _____ Phone #: _____

Tribal Affiliation: _____ Enrollment #: _____

Emergency Contact: _____ Phone: _____

Current Living Situation: _____

What services are you requesting? Please choose from the list below:

- Eviction Prevention
- Rental Assistance
- Temporary Housing
- Permanent Housing
- Transitional Housing
- Referral for other Services (please list service):

Other Services:

Please check any of the following that apply or have applied to you in the last 60 days:

- Loss of Employment
- Reduction in Hours of Employment
- Decline in Public Assistance
- No permanent residence
- Divorce or Separation
- Lack of Affordable Housing
- Lack of Child Care or Supportive Services
- Living with family or friends (not permanent)
- Living in a home with multiple families
- Living in a home that does not have enough rooms/beds
- Living in a Shelter
- Living in a car, boat, RV or other vehicle
- Evicted from permanent residence
- In eviction proceedings from current residence



- Staying in a commercial building, garage, shed, or other building not suitable for housing

Please check any of the following that apply to you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Chronic Homelessness | <input type="checkbox"/> Chronic Illness |
| <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Lack of Basic Needs | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> At Risk Youth | <input type="checkbox"/> Alcohol/Substance Abuse |

If there is anything else you would like us to know, please comment below:

By signing below, I acknowledge that I am voluntarily requesting services from the Nooksack Homelessness Program and I verify that the information provided is true and accurate, to the best of my knowledge.

Applicant Signature

Date

Case Manager Signature

Date