



RAPID REHOUSING PROGRAM APPLICATION

7 Whatney, Ste. B • Irvine, CA 92618

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In order to be considered for program participation, applicants must submit this application, completed in its entirety, prior to an oral interview. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. In addition, you must attach photocopies to this application of all of the items listed below.

Please include the following information for each adult along with the completed Rapid Rehousing application:

- Photo ID for adults
- Social Security Card (for all people living in the home including the children.)
- Proof of income and employment (2 most recent pay stubs) – if applicable
- Current credit report (a free one can be obtained online at www.annualcreditreport.com)
- Court Orders, if applicable (i.e.: custody orders, child support orders, etc.)
- Eviction Notice, if applicable
- Restraining Order, if applicable

Date: _____ Referred by: _____

FAMILY PROFILE

1st Adult Name _____ **Phone #** _____

Date of Birth _____ **SS #** _____

Driver License # _____ **Marital Status** _____

2nd Adult Name _____ **Phone #** _____

Date of Birth _____ **SS #** _____

Driver License # _____ **Marital Status** _____

COMPLETE FOR ALL CHILDREN/DEPENDENTS OF APPLICANT

Name & Relationship Sex & Date of Birth SS#

Name & Relationship Sex & Date of Birth SS#

Name & Relationship Sex & Date of Birth SS#

Name & Relationship Sex & Date of Birth SS#



CURRENT HOUSING SITUATION

- | | |
|---|---|
| <input type="checkbox"/> Hotel/motel
<input type="checkbox"/> Emergency Shelter/Transitional Housing | <input type="checkbox"/> Living with family/friends
<input type="checkbox"/> Other _____ |
|---|---|
1. Has your family ever been evicted? Yes No Reason: _____
 a. Please list the date(s) of your previous eviction(s): _____
 2. How many times has your family moved in the last 3 years? _____
 3. How long have you resided in Orange County? _____ In California? _____
 4. Is your family on a HUD or Section 8 housing list? Yes No
 5. Were you in a shelter or transitional housing program in the past? Yes No (If no, skip next question.)
 6. Name of shelter/transitional housing program: _____
 a. Date(s): From _____ To _____

EDUCATION

Highest completed grade in school for each adult:

Name (1st Adult)	Grade Level completed
Name (2nd Adult)	Grade Level Complete

List current grade level for each child

Name / Age	Current Grade/ School
Name / Age	Current Grade/ School
Name / Age	Current Grade/ School
Name / Age	Current Grade/ School



EMPLOYMENT: Please note: Employers will not be contacted

1st Adult:

1. Are you employed? YesNo
2. Employer's Name _____ Job Title _____
3. Address _____ Phone Number _____
4. How long have you been there? _____ Supervisor's Name _____
5. Rate of Pay _____ Hours per week _____ Chance of Advancement?Yes No
6. Previous Employer _____ How long were you there? _____
7. Rate of Pay _____ Hours per week _____

2nd Adult:

1. Are you employed? YesNo
2. Employer's Name _____ Job Title _____
3. Address _____ Phone Number _____
4. How long have you been there? _____ Supervisor's Name _____
5. Rate of Pay _____ Hours per week _____ Chance of Advancement?Yes No
6. Previous Employer _____ How long were you there? _____
7. Rate of Pay _____ Hours per week _____

Please list all forms of income and the amounts you receive:

Sources of Income	Name	Name	Name	Name
Indicate the amount of GROSS income per household member (monthly or weekly)				
Earned income	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
SSI/SSDI/SDI/Social Security	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$
CalWorks/Cash Aid	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Worker's Comp	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Spousal Support	\$	\$	\$	\$
Self-Employment Profits	\$	\$	\$	\$
General Relief	\$	\$	\$	\$
Other (rental income, student aid...)	\$	\$	\$	\$
Total Each Column	\$ +	\$ +	\$ +	\$ +



FINANCES

1. Does anyone else pay any or all of your bills? Yes No
 - a. If yes, who and what are they paying? _____
2. Do you have a savings account at this time? Yes No If yes, what is the balance? _____
3. The Rapid Rehousing program requires that you save a percentage of your net income while you are in the program. To accomplish this you may need to give up cable, fast food and other restaurants, quit smoking, etc. Do you foresee any problem meeting the savings requirement?
Yes No
4. Do you have any other accounts are in your name at this time (i.e.: pension, 401k, stocks, bonds, annuities, certificates of deposit, etc.) and what are the balances? Yes No Balance _____
5. Are you current with your state and federal taxes? Yes No
 - a. If not, how much do you owe? _____ Are you making payments? _____
6. Do you owe current or back child support? Yes No If yes, how much? _____
7. Have you ever filed for bankruptcy? Yes No If yes, explain _____
8. List all of your **monthly payment requirements** such as credit card payments, car payments, etc. Include money owed to utility companies, student loans, etc.

AUTOMOBILE

1. Do you have an automobile? Yes No
 - a. What is the year, make & model? _____
 - b. What is the condition of the car? _____
2. Do you own the car? _____
 - a. If not, who owns this vehicle? _____
 - b. Whose name is on the registration? _____
3. Is this car financed? Yes No
 - a. What is the monthly car payment? _____
 - b. What is the name of the finance company/bank?
 - c. Are you current with this payment? Yes No
If not, how much do you owe? _____
4. Do you have auto insurance? Yes No (If yes please submit proof of insurance)
 - a. How much is the monthly insurance payment? _____



MISCELLANEOUS

1. Do you have a storage unit? _____ What is your monthly payment? _____
 - a. Are you current on your payments? Yes No
 - b. If not, how much do you owe? _____
 - c. What are you storing? _____

2. Do you have childcare established? Yes No
 - a. Where is the location? _____
 - b. How much do you pay? _____
 - c. Do you receive any childcare subsidies? Yes No
 - d. If yes, who do you receive assistance from? _____

3. Are you able and willing to perform cleaning to maintain your residence in good condition? Yes No

4. Do you have any pets? Yes No If yes, please list: _____

5. If you and the father/mother of your children are estranged do you currently have an open child support case with the District Attorney? Yes No If not, please explain:
 - a. _____
 - b. _____
 - c. _____

SUBSTANCE USE HISTORY

1. Does any member of your family have a history of:
 - a. Smoking? Yes No If yes, Name(s) of Family Member(s) _____
 - b. Alcohol Abuse? Yes No If yes, Name(s) of Family Member(s) _____
 - c. Drug Abuse (i.e. marijuana, cocaine, heroin, LSD, methamphetamines, etc.) Yes No
 - d. If yes, Name(s) of Family Member(s) _____

2. If yes to any of the above, is the family member(s) in recovery and sober/clean? If yes, how long?
 - a. _____
 - b. _____

3. Are you willing to take a drug test to enter the Rapid Rehousing Program? Yes No

DOMESTIC VIOLENCE

Have there been incidents of physical violence directed towards family members or property? Yes No
If yes, please explain:



LEGAL

Discuss any legal issues such as warrants, pending lawsuits, child support situations, restraining orders, 51A guardianship, legal custodian of children, physical custody of children, tax liens, spousal support, etc.:

1. Has any adult in the family ever been arrested? Yes No
 - a. If yes, did the family member serve jail time? Yes No Prison Time? Yes No
 - b. If yes, please provide dates: _____
 - c. Is he/she on parole? Yes No Length of parole? _____ Probation? Yes No
 - d. Please discuss: _____

HEALTH

1. Are your children currently covered by health insurance? Yes No
 - a. Identify Provider _____
2. Does any member of your family currently have a medical illness? Yes No
 - a. If yes, does this prevent her/him from working? Yes No
 - b. If yes, please discuss _____
3. Is this family member receiving medical care? Yes No
 - a. If yes, what kind of service _____
4. Have any family members been diagnosed with a mental health condition? Yes No
 - a. If yes, what kind of mental health condition?

 - b. Does this prevent her/him from working? Yes No
 - c. If yes, please describe why _____
5. Is the family member receiving any form of mental health services? Yes No
 - a. If yes, what kind _____
6. How many visits to the Emergency you has your family made in the last 12 months? _____
7. Please list all medications that each family member is currently prescribed. _____

8. Are you willing, if accepted into this program, to attend monthly group workshops? Yes No
9. Are you willing, if accepted into this program, to attend monthly case management meetings? Yes No



PROGRAM GOALS

How did you end up in your current situation? What were the main factors?

Name three areas of your life that need the most attention and/or improvement.

1. _____

2. _____

3. _____

What will you do to improve in these areas?

1. _____

2. _____

3. _____

If offered admission to our program, where do you see yourself in 3 months? In 6 months?



CLIENT RELEASE OF CREDIT HISTORY AND BACKGROUND CHECK

I/We hereby authorize South County Outreach to review my full and complete credit report and driving record. I/We hereby authorize South County Outreach to process a Criminal Background Check.

Applicant's Name _____ Signature _____

Applicant's Name _____ Signature _____

Note: This confidential information will be used by South County Outreach during the screening process and, if admitted to the Rapid Rehousing Program, by staff and volunteers to assist you in reaching self-sufficiency.

SIGNING THIS APPLICATION

All potential residents are subject to federal requirements. Should an applicant deliberately submit false information on this application, he/she will be subject to penalties under federal law. Those penalties may include fines up to \$10,000 and or imprisonment for up to five years.

I/We have answered the above confidential questions to the best of my/our ability.

Applicant's Name: _____ Date: _____

Signature: _____ Ethnicity: _____

Applicant's Name: _____ Date: _____

Signature: _____ Ethnicity: _____

Note: South County Outreach asks your ethnicity solely for the purposes of providing statistics to the government and agencies that fund the Rapid Rehousing Program. South County Outreach does not discriminate based on ethnicity, gender, age, etc.

I verify this information to be correct:

South County Outreach Representative Date



HOUSING PROGRAMS
PERSONAL HOMELESS VERIFICATION STATEMENT

I, _____, am seeking housing services for my family because we have no place to reside. We have exhausted all other possible resources, including family and friends.

Before today, my family was staying at: _____

Our sleeping arrangements last night were: _____

My previous residence was: _____

I have not been in this residence since: (date) _____

I currently have \$ _____ available to me to secure a place to stay.

Applicant Signature

Date

Applicant Printed Name