



# Supportive Housing Application

Services Office: 119 East Main Street, Middletown, NY 10940

Mailing address: 40 Smith Street, Middletown, NY 10940

Tel. (845) 342-3978 | Fax (845) 342-5757

www.recap.org

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you applied for housing at RECAP in the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Were you referred to RECAP?  Yes  No If yes, by whom? \_\_\_\_\_

## Section 1: Family Composition

Name	Relation	D.O.B	Gender	Social Security #
	Head of household			

## Section 2: Residency

1. Do you live in Orange County? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long? \_\_\_\_\_

2. Please respond accordingly:

a) Homeless (no place to stay) Yes \_\_\_\_\_ No \_\_\_\_\_

Potentially Homeless (temporary shelter with other person) Yes \_\_\_\_\_ No \_\_\_\_\_

Evicted or being evicted: Yes \_\_\_\_\_ No \_\_\_\_\_

b) Have you been to court for eviction now or in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes give dates: \_\_\_\_\_

Do you have a date to vacate the apartment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date: \_\_\_\_\_

c) Placed at a shelter facility: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of shelter: \_\_\_\_\_

How long have you been there? \_\_\_\_\_

d) Placed at Hotel: Yes \_\_\_\_\_ No \_\_\_\_\_ By what agency or self-pay? \_\_\_\_\_

Name of hotel: \_\_\_\_\_

How long have you been there? \_\_\_\_\_

e) Other? \_\_\_\_\_

### Section 3: Income

1. a) Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Where? \_\_\_\_\_

How many hours do you work per week? \_\_\_\_\_

b) Do you have 4 weeks of pay stubs or proof of income? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you receive any benefits from?

Department Of Social Service: Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security (SSI, SSD, Survivors Benefits) Yes \_\_\_\_\_ No \_\_\_\_\_

Child support: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Please, list any other income if any: \_\_\_\_\_

4. What is your estimated **total** monthly income: \_\_\_\_\_

### Section 4: Eligibility

Are you attending now or in the past, a treatment program for alcohol, drugs, or mental health? Y N

If yes, indicate name of agency: \_\_\_\_\_

If in the past, indicate when \_\_\_\_\_

How many hours weekly are you attending the program? \_\_\_\_\_

Do you have any chronic health diagnoses or disabling conditions? \_\_\_\_\_

Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

## Section 5: Support Services

Are you currently, or have you been, involved with any of the following agencies?

Check "Yes" for all services that apply, and "No" for services that do not apply.

- 1. Adult Protective Services:     Yes     No
- 2. Child Protective Services:     Yes     No
- 3. Department of Corrections:     Yes     No    Release Date: \_\_\_\_\_
- 4. Department of Parole:     Yes     No
- 5. Department of Probation:     Yes     No
- 6. Domestic Violence Services:     Yes     No

Why Are You Seeking Housing Assistance From RECAP?

## Section 6: Structured Day Schedule

Are you enrolled in a school or a training program?    Yes\_\_\_\_No\_\_\_\_

Name of program \_\_\_\_\_ Agency/School \_\_\_\_\_

This schedule is to include any and all treatment programs, therapeutic groups, individual counseling, sports groups, religious groups and/or activities, community member groups, etc.

Please list all activities, places and or agencies where activities take place, including time and duration. ( minimum of 6 hours per day)

Activity	Mon	Tue	Wed	Thur	Fri	*Sat	*Sun
1.							
2.							
3.							
4.							
5.							
6.							
7.							
<b>Total Time for the Day</b>							

Activity 1. (Place/Agency): \_\_\_\_\_

Activity 2. (Place/Agency): \_\_\_\_\_

Activity 3. (Place/Agency): \_\_\_\_\_

Activity 4. (Place/Agency): \_\_\_\_\_

Activity 5. (Place/Agency): \_\_\_\_\_

Activity 6. (Place/Agency): \_\_\_\_\_

Activity 7. (Place/Agency): \_\_\_\_\_

\*Please indicate weekend activities as well (relaxing, church groups, walks, etc.)

I certify that the information I have given is true and correct. If the information I have given is found to be false, I may be denied future assistance through RECAP, Inc., and any/all of its projects. I also agree to allow RECAP, Inc., to release/obtain information from other human service agencies, groups, and organizations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_