

**ARE YOU  
CURRENTLY  
HOMELESS,  
OR; ARE YOU  
AT-RISK OF  
BECOMING  
HOMELESS?**

If your answer is “YES”...  
Please read the next page...

**Please READ this page before completing the attached application.**

**IFSN is a 501(c)(3) non-profit organization providing:** housing, supportive services, case-management, therapeutic counseling and mainstream resource linkage for homeless men, women and children and/or individuals and families at-risk of becoming homeless in Sonoma County. IFSN operates multiple housing programs throughout Sonoma County.

**Our Mission:** to provide housing and “a hand up” to men, women and children in Sonoma County, in an atmosphere of dignity, respect and kindness, towards an outcome of empowerment, self-sufficiency and independence!

**PROGRAM INFORMATION:** IFSN operates multiple Transitional Housing, Permanent Housing, and Permanent Housing Placement Programs for both individuals and families:

- **Transitional Housing** is temporary or interim housing designed to assist participants during the permanent housing search process. Basic necessities—such as telephone, cable, laundry facilities, toiletries, some food staples, cleaning supplies, bedding, linens, and some bus passes—are provided.
- **Rapid Re-Housing (RRH)** is a permanent housing program designed to provide permanent housing location, relocation, placement assistance, housing stabilization case management services, and short and medium-term financial assistance.

**TO APPLY:**

1. **Complete the attached application (*one application must be completed for each adult in the household*).**
2. **Submit your application by faxing or mailing ONLY THE APPLICATION to:**  
Fax: 546-1544      Mail: 3850 Montgomery Dr., Santa Rosa, 95405
3. **Call 546-7907 to confirm that your application has been received; IFSN staff will contact you ASAP to schedule an assessment interview. *Please be sure to include a reliable contact phone or message number so we can reach you.***
4. **Be prepared to provide the following documents during your assessment interview:**
  - Verification of Homelessness (from shelter provider, referring agency, etc.,)
  - Income Verification (pay stubs, award letters, bank statements)
  - Identification for each adult (including one picture ID)
  - Copy of two most recent bank statements (if applicable)
  - Copy of most recent credit report (if applicable)

**PLEASE**

**DO NOT SHOW UP AT THE IFSN OFFICE if you do not have AN APPOINTMENT!**

**Personal and Contact Information**

Name: \_\_\_\_\_ Family Size #Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Name of Person who referred you: \_\_\_\_\_ Agency: \_\_\_\_\_

Contact Information—Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Gender:  Male  Female  Transgender Primary Language: \_\_\_\_\_ Secondary: \_\_\_\_\_

**Other Household Members Information**

Name	Date of Birth	Gender

Name	Date of Birth	Gender

**Please answer the following questions completely:**

What type of services are you seeking at this time:  Transitional Housing  Rapid Re-Housing

Where did you stay last night: \_\_\_\_\_ How long have you been there: \_\_\_\_\_

Are you a Veteran: Yes  No  Service Dates: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

Have you ever been involved in a domestic violence relationship? Yes  No

If yes, when: \_\_\_\_\_ Are you currently in imminent danger? Yes  No

Are you involved with CPS? Yes  No  Worker's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you on probation or parole? Yes  No

Officer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please list all misdemeanor and felony convictions: \_\_\_\_\_

Do you have any pets? Yes  No  If yes, type/size and age: \_\_\_\_\_

**Income Information**

Total gross (before taxes) monthly income \$ \_\_\_\_\_ Any expected changes of income within the next 3 months? Yes  No  Please explain: \_\_\_\_\_

**Source of Income** (check all that apply):

- Employment \$ \_\_\_\_\_  Retirement \$ \_\_\_\_\_  SSI/SSDI \$ \_\_\_\_\_
- Unemployment \$ \_\_\_\_\_  Social Security \$ \_\_\_\_\_  State Disability \$ \_\_\_\_\_
- GA/TANF \$ \_\_\_\_\_  Veteran Benefits \$ \_\_\_\_\_  Child Support \$ \_\_\_\_\_
- Other (specify) \$ \_\_\_\_\_

**Non-Cash Income** (check all that apply):  Food stamps \$ \_\_\_\_\_  TANF Childcare Services \_\_\_\_\_

- TANF Transportation Services  Medicaid/Medi-Cal  WIC
- Other: \_\_\_\_\_  Medicare  VA Medical Services
- Other: \_\_\_\_\_

Do you have a recent credit report (within past three months)? Yes  No

How is your credit (credit score if known, liens, debt, bankruptcies, etc.)? \_\_\_\_\_

Do you have a bank account? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have savings? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type and institution(s): \_\_\_\_\_

Are you willing to participate in a savings plan? Yes \_\_\_ No \_\_\_ If no, why? \_\_\_\_\_

How do you plan to become financially independent? \_\_\_\_\_

Are you currently working? Yes \_\_\_ No \_\_\_ If no, are you able to work? Yes \_\_\_ No \_\_\_

### Health

Physical Disability: Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Development Disability: Yes \_\_\_ No \_\_\_

Have you ever been diagnosed with a mental illness: Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Currently receiving health care: Yes \_\_\_ No \_\_\_ If yes, where: \_\_\_\_\_

Please list all current medications: \_\_\_\_\_

### Housing Information

Do you have a section 8 voucher? Yes \_\_\_ No \_\_\_

How long have you been homeless including start date (this time)? \_\_\_\_\_

How many times have you been homeless in the past 3 years? \_\_\_\_\_

What led to your current episode of homelessness? \_\_\_\_\_

What are some barriers to housing you are currently facing and what have you done to address these barriers? \_\_\_\_\_

### **CONTRACT**

***If I am accepted into the Program, I agree (for myself, and all participating adults in my family) to comply with IFSN Program requirements, which may include the following: (1) participation in regular case management, (2) working on my Individualized Housing Plan, (3) creating and maintaining a monthly budget, (4) identifying and participating in all programs and services provided for housing stability.***

***The information contained in this application is true and accurate to the best of my knowledge.***

Print Name: \_\_\_\_\_

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