macaa
From poverty to self-reliance through education

February 26, 2018

Hello to All,

Congratulations to our senior Hope House family! They have done beautiful work and will graduate from the program in March!

Our three bedroom condominium is located in the urban ring of Albemarle County. We anticipate a move-in date for the new family on or before May 1, 2018.

Applications will be accepted from **March 12 through March 30, 2018.** They may be emailed, faxed, or delivered in person. We will interview each qualified applicant as soon as possible after **complete** applications are received. The placement committee will make a decision before the middle of April.

An application form is attached for your convenience in referring eligible candidates. **PLEASE MAKE SURE THAT THE APPLICATION IS COMPLETED IN ITS ENTIRITY AND THAT ALL REQUIRED DOCUMENTATION IS PROVIDED.**

As a reminder, the MACAA Hope House program is geared toward family stabilization with the goal of achieving future self- reliability. We are able to serve single mothers, fathers, or married couples with minor children in their custody, who are either homeless or imminently in danger of becoming homeless. All adults in the household should be at least minimally employed at the time of application. **Applicants should possess a strong desire and ability to work on credit repair, income enhancement through education, improved money management, and other skills that will have a positive impact on future housing opportunities. Housekeeping skills and basic home management are an important component of the program as well.**

We are excited to begin work with a new family and welcome your applications. Please feel free to call me with any questions!

Best regards,

Nancy Kidd

Nancy Kidd
Hope House Director
MACAA
1025 Park Street
Charlottesville VA 22903
(434)295-3171x3021
N_Kidd@macaa.org

Monticello Area Community Action Agency (MACAA)
Hope House Family Stabilization Program Application
1025 Park Street
Charlottesville, VA 22901
434-295-3171 ext. 3021

The Hope House Family Stabilization Program is operated by MACAA. This is an intensive program that has been structured as a partnership between MACAA and the family. Participants learn skills for managing their finances, providing a stable and nurturing family and home environment, as well as securing and maintaining safe, affordable housing. The Program will help individuals develop skills to reach their goals. Participants will develop a service plan for repairing their credit, reducing debt, and building savings. **Please note that the MACAA Hope House Program has a strict no pet policy.**

Instructions: Application to the Hope House Family Stabilization Program cannot be processed until <u>all</u> of the information requested has been provided.

1. **Application must be completed in its entirety.**
2. Clear copy of photo identification.
3. Copy of your children's birth certificates.
4. Copy of adult (s) and children's social security card.
5. Letter verifying homelessness from a referring agent.
6. Verification of any custody agreements and child support payments for children living with you.
7. Most recent copy of Social Services Benefits (TANF, SNAP, MEDICAID verification).
8. Most recent pay stubs for all sources of employment
9. Criminal Background Check and Consent to Release Information Form.

- ❖ I understand that MACAA will investigate our suitability for the Hope House Program Family Stabilization Program.
- ❖ I agree to provide further information as may be required.
- ❖ I understand that my family and I must be willing to consent to a Criminal History Record and Sex Offender and Crimes against Minors Registry Search.
- ❖ I understand that I am giving MACAA permission to obtain all credit reports and other necessary documentation as needed. I allow MACAA to exchange information with the necessary parties to obtain any pertinent information regarding my application.
- ❖ I certify that all information on this application is true and accurate to the best of my knowledge.

_____ _____
Signature of Applicant Date

_____
Please print full name

Personal Information

Applicant: _____
Last First Middle Initial

Social Security #: _____ - ___ - _____

Date of Birth: _____- _____- _____ Marital Status: _____

Race: □ Black □ White □ Asian □ American Indian □ Mixed

Ethnic Group: Hispanic _____ Non-Hispanic _____

Are you a U.S. Citizen? _____ Immigrant Status_____

Phone number where you can be reached: Home: ( ) _____ - _____

Cell: ( ) _____ - _____ Work: ( ) _____ - _____

Email address: _____

Where are you currently staying?

Address: _____ City/State/Zip: _____

□ Albemarle □ Charlottesville □ Fluvanna □ Louisa □ Nelson □ Other _____

How long have you resided in this area? _____

Briefly explain why you cannot continue to stay where you are presently living: _____

_____

What is the name of your current social worker? _____

Briefly explain your current situation which has contributed to your homelessness:

_____

_____

_____

_____

Previous Addresses for last 3 years:

1. Address: _____From:_____To:_____

City: _____State/Zip_____

Name of landlord: _____

Reason for leaving:_____

_____

2. Address: _____From: _____To:_____

City:_____State/Zip_____

Name of landlord: _____

Reason for leaving:_____

_____

3. Address: _____From: _____To:_____

City: _____State/Zip_____

Name of landlord: _____

Reason for leaving:_____

Have you, or any current member of your household ever been evicted? _____

If so, what were the circumstances?_____

_____

Have you or a member of your family ever lived in the MACAA Hope House? □Yes □No

If yes, please provide the names and dates. _____

Have you ever been in a shelter or another transitional program? _____

If so, when and where_____

List all persons, including yourself, who will reside with you while in this Program.

Name	Social Security	Date of Birth	M/F	Age	Relationship	Legal Custody Y/N

Family Information

Please list any children you have that will NOT be living with you in this Program.

Name	Social Security	Date of Birth	M/F	Age	Reside Where?	Who has custody?

Education Information

What is your highest level of education?

- ☐ GED
- ☐ High School
- ☐ Some College
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Other _____

Vocational Training? _____

Special Licenses_____

List any challenges with reading or writing_____

_____

Employment Information

Current Employer:
_____StartDate:_____

Address:_____

City/State/Zip_____

Supervisor:_____Phone:#_____

Position: _____

Normal Work Hours per week:_____

Duties:
_____

List last 2 previous employers:

Company Name: _____

Start Date: _____End Date: _____ Normal Work Hours per week: _____

Address:_____

City/State/Zip_____

Reason for
leaving:_____

Company Name: _____

Start Date: _____End Date: _____ Normal Work Hours per week: _____

Address:_____

City/State/Zip_____

Reason for
leaving:_____

What did you enjoy most about the job?

_____

What did you enjoy least about the job?

_____

Employment Information (cont'd)

What type of work would you like to be doing and why?

_____

_____

What is the longest period you have held a job? _____What type of job was it?

_____

Why did you leave?

_____

If you could have your dream job today, what would that be?

_____

What education/skills would you need to obtain that job? _____

_____

Daycare Information

Who is your child care provider?

_____

Address:_____

City/State/Zip_____

Do you receive daycare assistance from social services or another agency? □ Yes □ No

How much is your portion of child care expense per month?

_____

Is your current daycare provider a relative? □ Yes □ No

Other close relatives and or family members who will be involved with you and your children while in this Program:

_____

_____

Financial Information

List all current bank accounts, either joint or individual that you have. Please indicate if checking or savings.

Account Type	Name on Account	Financial Institution	Account #	Balance

Do you have any outstanding debt with any bank or financial institution? □ Yes □ No
If yes, please explain:

_____

Is there any other reason that you may not be able to write checks? Please explain.

_____

_____

Have you balanced your checking account in the past? □ Yes □ No

Do you have any outstanding payday or title loans? □ Yes □ No

Lender: _____ Amount owed: _____

Lender: _____ Amount owed: _____

When did you last check your credit report? _____ What was your credit score? _____

Have you ever filed for bankruptcy? □ Yes □ No If yes, when? _____

Do you feel that you need to file for bankruptcy now? □ Yes □ No If yes, why?

_____

Do you have a wage garnishment now? □ Yes □ No If yes, from whom?

Garnishes: _____ Amount per month: _____

Garnishes: _____ Amount per month: _____

Are you presently ordered to pay child support to someone else? □ Yes □ No

If yes, amount ordered per month: _____

Social Service Information

Please provide all of the following that apply:

Name	Monthly Amount	Expiration Date
TANF		
Day Care Assistance		
Child Support		
SNAP		
WIC		
Gas Vouchers		
Veterans Benefits		
Social Security SSI		
Social Security SSDI		
Social Security Survivors Benefits		
Other please explain		

Are you presently participating in the TANF/VIEW program? □ Yes □ No

Do you receive child support through a court order? _____

Do you pay child support through a court order? _____

Amount of child support due to you or owed each month: _____

Substance Abuse

Past substance abuse or addiction issues will not disqualify you from acceptance into the Hope House Family Stabilization Program, but you must be substance-free for at least six (6) months and provide a clean drug screen to be eligible.

Has your alcohol or drug use ever affected any of your interpersonal relationships? If so how?

_____

What was your drug of choice? _____

Last date of use _____

Have you been through a substance abuse rehabilitation program? □ Yes □ No If yes:

Program: _____ Dates: _____

Program: _____ Dates: _____

Do you attend AA/NA/CA/Al-Anon meetings? □ Yes □ No If yes, how often? _____

Do you have a sponsor? □ Yes □ No

Is there a history of drug or alcohol abuse in your family? □ Yes □ No If yes, whom?

Medical Information

Are you or any children for whom you are the custodial parent covered by private or other health insurance?

Name	Insured Y/N	Insurance Provider	Policy Number	Monthly Premium

If you or any member of your household is currently taking any medication please provide the name of persons taking medication, medication name and reason for its use.

Patient Name	Medication Name	Reason for use	Covered by Insurance? Y/N	Monthly amount paid for medication

Are you currently pregnant? □ Yes □ No If yes, what is your due date? _____

Have your or any member of your household ever had a serious physical illness? □ Yes □ No

If yes, please explain: _____

Are you currently receiving treatment for this illness? □ Yes □ No

If yes, please explain: _____

Have you or any member of your household ever had a serious accident or trauma? □ Yes □ No

If yes, please explain: _____

Do you or any member of your household have any physical limitations? □ Yes □ No

If yes, please explain: _____

Please list any current treatments or medications for anyone in your household:

_____

Current Physician _____Phone #( ) -

Clinic _____Phone # ( ) -

Medical Information (cont'd)

Have you or any member of your household ever been hospitalized for mental, emotional, or stress related problems? □ Yes □ No If yes, please provide the following:

Facility_____

Reason_____

Dates_____ Did you complete the program? □ Yes □ No

Do you or any member of your household have a past or present relationship with a mental health counselor or professional? □ Yes □ No

If yes, please explain: _____

_____

_____

Do you or any member of your household have a past or present relationship with child welfare workers with any Department of Social Services? □ Yes □ No

If yes, please explain: _____

_____

_____

Case worker: _____

Locality: □ Albemarle □ Charlottesville □ Fluvanna □ Louisa □ Nelson

Other: _____

Phone # _____

Case worker: _____

Locality: □ Albemarle □ Charlottesville □ Fluvanna □ Louisa □ Nelson

Other: _____

Phone # _____

Criminal Background Information

Are you presently on probation? □ Yes □ No Date expires_____

List County and State of current probation_____

Do you have any pending charges? □ Yes □ No

If yes, what are the charges? _____

Do you have any upcoming court dates? □ Yes □ No

If yes, when and where? _____

***List all felony charges with dates and dispositions**: _____

_____

_____

***List all misdemeanor charges with dates and dispositions:**

_____

_____

_____

Personal Vehicle Information

If you have a vehicle it must be in working order to be on the Hope House premises. You must have a valid driver's license and automobile insurance to apply to this Program. Please list all vehicles that you own:

Make_____Model_____VIN#_____

License Plate #_____

Insurance Provider_____

Insurance policy number _____

Expiration Date _____ Monthly premium $_____

Agent: _____

Phone number _____

Please answer the following questions, use a supplemental page if necessary.

How did you hear about the Hope House Family Stabilization Program?

What do you feel has been your greatest accomplishment in life so far?

What seems to be working well in your life right now?

What doesn't seem to be working well in your life right now? What steps can you make to change the situation?

List 3 goals you want to accomplish during this Program. Please be as specific and detailed as you can be.

Please provide us with 3 **professional** references who we may contact.

(**These may not be family members or friends.**)

1._____

Affiliation: _____

Daytime phone #_____

2._____

Affiliation: _____

Daytime phone # _____

3. _____

Affiliation: _____

Daytime phone # _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION WITH APPLICATION:

Clear Photo Id_____

Copy of Driver's License (if applicable) _____

Verification of Homelessness _____

Birth Certificates Children_____

Birth Certificates Adults _____

Social Security Card Children _____

Social Security Card Adult _____

INS Document Children _____

INS Document Adult _____

Proof of Income _____

Copy of Vehicle Registration _____

Most Recent Benefit Determination Letter _____

Child IEP (if applicable) _____

*__EQUIFAX CREDIT REPORT less than two months old _____

*__THIS IS NEW__

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