

HOPE HOUSE FAMILY NAVIGATION

Program Application



Monticello Area Community Action Agency

APPLICATION & PLACEMENT TIMELINE

Please complete the application in its entirety and return all required materials to MACAA.

Application materials may be submitted by mail or dropped off in person at the address below:

MACAA

ATTN: Hope House Family Navigation Program

1025 Park Street

Charlottesville, VA 22901

Application materials may also be sent to Nancy Kidd through email: N_Kidd@macaa.org.

Please keep in mind that communications via email over the internet may not be secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.

If you have questions or need assistance completing the application, please contact Nancy Kidd via email at N_Kidd@macaa.org.

Applications will be reviewed as they are received, and eligible applicants will be contacted to schedule an interview.

PRIMARY APPLICANT INFORMATION:

Please complete all information accurately and completely for the adult serving as the primary applicant:

Full name _____
First Middle Last Maiden

Other names used: _____

SS#: _____ - _____ - _____ DL/ID#: _____

Mailing address: _____

City: _____ Zip: _____

Telephone number: _____ E-mail address: _____

Birthdate: _____ City and state of birth: _____

U.S. Citizen: ☐ Yes ☐ No Immigration status: ☐ Naturalized ☐ Not legal ☐ Pending

Sex: ☐ Female ☐ Male Marital status: ☐ Married ☐ Separated ☐ Divorced
☐ Widowed

Primary language: ☐ English ☐ Spanish ☐ Chinese ☐ African languages
☐ Other: _____

Race: ☐ White

☐ African American or Black

☐ Native American

☐ Native Hawaiian or Pacific Islander

☐ Alaskan Native

☐ Asian

☐ Two or more races

☐ Other:

Ethnicity: ☐ Hispanic

☐ Non-Hispanic

ADDITIONAL APPLICANT INFORMATION:

Please complete all information accurately and completely for a partner or spouse that will also participate in the program.

Full name _____
First Middle Last Maiden

Other names used: _____

SS#: _____ - _____ - _____ DL/ID#: _____

Mailing address: _____

City: _____ Zip: _____

Telephone number: _____ E-mail address: _____

Birthdate: _____ City and state of birth: _____

U.S. Citizen: ☐ Yes ☐ No Immigration status: ☐ Naturalized ☐ Not legal ☐ Pending

Sex: ☐ Female ☐ Male Marital status: ☐ Married ☐ Separated ☐ Divorced
☐ Widowed

Primary language: ☐ English ☐ Spanish ☐ Chinese ☐ African languages
☐ Other: _____

Race: ☐ White

☐ African American or Black

☐ Native American

☐ Native Hawaiian or Pacific Islander

☐ Alaskan Native

☐ Asian

Ethnicity: ☐ Hispanic

☐ Non-Hispanic

FAMILY INFORMATION

List all persons, including yourself, who will reside in a Hope House residence if accepted into the program.

Name	Social Security No.	DOB	M/F	Age	Relationship	Legal Custody Y/N

Please list any children you have that will NOT be living with you during your participation in this program.

Name	Social Security No.	DOB	M/F	Age	City/County of Residence	Custodial Guardian

CURRENT RESIDENCE:

- ☐ Emergency Shelter (name): _____
- ☐ Temporary Shelter (name): _____
- ☐ Hotel/Motel (name): _____
- ☐ Family ☐ Friends ☐ In a vehicle ☐ Without shelter
- ☐ Other (please describe): _____

Where did you sleep last night?

Physical Address: _____

City: _____ State: _____ Zip: _____

Please describe your current living situation in detail.

How long have you been in your current living situation? _____ months _____ years

Briefly explain why you cannot stay where you are presently living.

Have you ever been homeless before this time? ☐ No ☐ Yes (dates):

Please provide details regarding your previous experience with homelessness.

HOUSING HISTORY

Please provide complete details for all housing locations/arrangements, to include shelters, for the previous three (3) years.

Dates:	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Family/Friends <input type="checkbox"/> In a vehicle <input type="checkbox"/> Without shelter	
Address:	
City, State, Zip:	
Landlord Information	
Name:	Phone number:
Address:	
City, State, Zip:	
Reason for leaving:	

Dates:	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Family/Friends <input type="checkbox"/> In a vehicle <input type="checkbox"/> Without shelter	
Address:	
City, State, Zip:	
Landlord Information	
Name:	Phone number:
Address:	
City, State, Zip:	
Reason for leaving:	

Dates:	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Family/Friends <input type="checkbox"/> In a vehicle <input type="checkbox"/> Without shelter	
Address:	
City, State, Zip:	
Landlord Information	
Name:	Phone number:
Address:	
City, State, Zip:	
Reason for leaving:	

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Dates:	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Family/Friends <input type="checkbox"/> In a vehicle <input type="checkbox"/> Without shelter	
Address:	
City, State, Zip:	
Landlord Information	
Name:	Phone number:
Address:	
City, State, Zip:	
Reason for leaving:	

Dates:	
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Family/Friends <input type="checkbox"/> In a vehicle <input type="checkbox"/> Without shelter	
Address:	
City, State, Zip:	
Landlord Information	
Name:	Phone number:
Address:	
City, State, Zip:	
Reason for leaving:	

Number of *prior evictions* when you were named on the lease: _____

Number of *prior evictions* when you were not listed on the lease: _____

Date of most recent eviction: _____

Reasons for prior evictions (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Nonpayment of rent | <input type="checkbox"/> Illegal activity (please explain below) |
| <input type="checkbox"/> Person in household not on lease | <input type="checkbox"/> Other (please explain below) |
| <input type="checkbox"/> Domestic violence | |
| <input type="checkbox"/> Property damage | |

Total number of times you have executed a lease agreement for housing: _____

Have you, or a member of your immediate family, previously applied to or been a resident of the MACAA Hope House program: ☐ No ☐ Yes, date(s): _____

EMPLOYMENT HISTORY

Are you currently employed? ☐ No ☐ Yes

If no, please explain:

Current Employer: _____

Job title: _____

Address: _____

City, State, Zip: _____

Name of supervisor: _____ Work phone: _____

Hours per week: _____ Salary/Hourly wage: _____ Date started: _____

Employment Status: ☐ Part-time ☐ Full-time ☐ Permanent ☐ Temporary ☐ Seasonal

Please provide the following information for your last three employers:

Employer/Business name:	
Job title:	
Start date:	End date:
Address:	
City, State, Zip:	
Supervisor name:	Phone number:
Hours per week:	Salary/Hourly wage:
Reason for leaving:	

Employer/Business name:	
Job title:	
Start date:	End date:
Address:	
City, State, Zip:	
Supervisor name:	Phone number:
Hours per week:	Salary/Hourly wage:
Reason for leaving:	

Employer/Business name:	
Job title:	
Start date:	End date:
Address:	
City, State, Zip:	
Supervisor name:	Phone number:
Hours per week:	Salary/Hourly wage:
Reason for leaving:	

Do you have military background? ☐ No ☐ Yes, dates of service: _____

FINANCIAL INFORMATION

Please complete all applicable information requested below as it pertains to the household.

TOTAL HOUSEHOLD INCOME INFORMATION		
Source	Monthly Amount	Expiration Date (if applicable)
TANF		
Childcare Assistance (scholarship or subsidy)		
Child Support		
SNAP		
WIC		
Gas Vouchers		
Veterans Benefits		
Supplemental Security Income (SSI)		
Social Security Disability Income (SSDI)		
Social Security Survivors Benefits		
Other, please explain:		

Are you presently participating in the Virginia Initiative for Employment and Work (VIEW) program?

☐ No ☐ Yes

Do you **receive** child support through a court order? ☐ No ☐ Yes, amount/month \$ _____

Do you **pay** child support through a court order? ☐ No ☐ Yes, amount/month \$ _____

Total monthly household income \$ _____

List all current bank accounts, either joint or individual, that you have. Indicate “C” for checking, “S” for savings, or “I” for Investment.

Account Type	Name(s) on Account	Financial Institution	Balance <small>As of the Last Day of Prior Month</small>

Do you have a wage garnishment now? ☐ No ☐ Yes

If yes, please provide details below:

For/From: _____ Amount per month: \$ _____

Total remaining to be collected: \$ _____ Date garnishment ends: _____

For/From: _____ Amount per month: \$ _____

Total remaining to be collected: \$ _____ Date garnishment ends: _____

EDUCATION

Highest level of education: ☐ GED ☐ High School ☐ Some college ☐ Associate Degree

☐ Bachelor’s Degree ☐ Other: _____

Vocational training: _____

Special certifications/licenses: _____

Please describe any challenges with reading, writing, comprehension, or basic math:

SOCIAL SERVICE INFORMATION

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

If yes, please explain: _____

Locality of incident: ☐ Albemarle County ☐ City of Charlottesville ☐ Fluvanna County ☐ Louisa County
☐ Nelson County ☐ Other (City, State): _____

Case worker name: _____

Email address: _____ Phone No.: _____

MEDICAL INFORMATION & HISTORY

Are you currently pregnant? ☐ No ☐ Yes; due date: _____

Note: This is not an aspect of program eligibility, however, will inform program offerings as Hope House aims to meet the needs of enrolled families.

The following health questions are optional. Your response will inform program offerings and additional services needed to ensure the success of selected program participants.

Do you consider yourself, or another member of the family, as having a disability? ☐ No ☐ Yes

If yes, who has the disability? _____

Disability status: ☐ Permanent ☐ Temporary

Nature of the disability: ☐ Physical ☐ Mental ☐ Developmental ☐ Chemical dependency

Has this disability been diagnosed? ☐ No ☐ Yes

If yes, by whom and when (date)? _____

If no, why? ☐ I/we have not pursued a diagnosis.
☐ I/we have pursued a diagnosis but have been unable to receive a formal diagnosis.
☐ Other: _____

Are you or any family member currently experiencing health problems? ☐ No ☐ Yes

If yes, please explain who is affected and the nature of the condition below.

Have you or any family member been hospitalized for an emotional or mental condition? ☐ No ☐ Yes

If yes, please explain who is affected and the nature of the condition below.

Have you or any member of your family been diagnosed with a mental health condition? ☐ No ☐ Yes

If yes, please explain who is affected and the nature of the condition below.

DRUG/ALCOHOL HISTORY

Please describe any concerns regarding use of alcohol or drugs for you or any member of your family:

Have you or a family member ever been in a drug or alcohol treatment program: ☐ No ☐ Yes

If yes, who? : _____

Name of facility: _____

Dates of treatment: _____ to _____ Did you complete the program? ☐ No ☐ Yes

LEGAL HISTORY

Do you have a valid Virginia driver's license? ☐ No ☐ Yes

If no, please explain: _____

Are there any legal and/or personal matters which could interfere with you taking possession and maintaining occupancy in this housing community? ☐ No ☐ Yes

If yes, please explain: _____

Are you presently on probation? ☐ No ☐ Yes, date expires: _____

City/County and state of current probation: _____

Do you have any pending charges? ☐ No ☐ Yes

If yes, please explain: _____

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

If yes, when and where? _____

DEPENDENT CHILDREN IN THE HOUSEHOLD

Please complete the following information for all children in the household.

Name:	Age:
Attend school or childcare regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes	Class/Grade:
Name of school or childcare program:	
Please describe any medical concerns:	
History of child abuse: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please explain:	

Name:	Age:
Attend school or childcare regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes	Class/Grade:
Name of school or childcare program:	
Please describe any medical concerns:	
History of child abuse: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please explain:	

Name:	Age:
Attend school or childcare regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes	Class/Grade:
Name of school or childcare program:	
Please describe any medical concerns:	
History of child abuse: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please explain:	

Name:	Age:
Attend school or childcare regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes	Class/Grade:
Name of school or childcare program:	
Please describe any medical concerns:	
History of child abuse: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please explain:	

ADDITIONAL INFORMATION

Other co-parent(s), relatives or friends who will be involved with you and your children while in this program:

Name:	Relationship:
Email address:	Phone No.:

Name:	Relationship:
Email address:	Phone No.:

Name:	Relationship:
Email address:	Phone No.:

Name:	Relationship:
Email address:	Phone No.:

PERSONAL VEHICLE INFORMATION

If you have a vehicle it must be in working order to be located at a Hope House property.

Additionally, you must have a valid driver's license and automobile insurance to operate a motor vehicle while participating in this program.

Please list all vehicles that you own or lease:

Make:	Model:
VIN No.:	License plate:
Year:	Color:

Make:	Model:
VIN No.:	License plate:
Year:	Color:

Make:	Model:
VIN No.:	License plate:
Year:	Color:

REFERENCES

*Please provide contact information for three (3) professional references who have know you for at least two (2) years. **Family members will not be considered professional references.***

Professional Reference A	
Name:	
Address:	
City, State, Zip:	
Email address:	Phone No.:
Relationship:	Years known:

Professional Reference B	
Name:	
Address:	
City, State, Zip:	
Email address:	Phone No.:
Relationship:	Years known:

Professional Reference C	
Name:	
Address:	
City, State, Zip:	
Email address:	Phone No.:
Relationship:	Years known:

PERSONAL NARRATIVE

Please take a moment and tell us about yourself in your own words. What would you like us to know about you and your family, and why you want to participate in Hope House?

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

List three (3) goals that you want to pursue for yourself during your participation in Hope House. Please be as specific and detailed as possible.

Personal Goal 1

Personal Goal 2

Personal Goal 3

List three (3) goals that you want to pursue for your children/family during your participation in Hope House. Please be as specific and detailed as possible.

Child/Family Goal 1

Child/Family Goal 2

Child/Family Goal 3

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DECLARATION OF UNDERSTANDING & CONSENT

I understand that in order to be considered, this application must be completed in its entirety and all required documentation must be provided. Please refer to the list of required documents provided with the eligibility requirement page to ensure your application is complete.

If accepted into the program:

- *I understand that MACAA has a strict no pets policy and agree to comply.*
- *I understand that tobacco use is strictly prohibited in all Hope House properties and agree to comply.*
- *I understand that I will be required to pay a monthly program fee based on my total verified household income.*
- *I understand that all members of my household must actively participate in the support services including, but not limited to, coaching, education, workshops, classes, and counseling.*
- *I understand that all members of my household must comply with all medical and mental health instructions provided by a physician or counselor, to include but not limited to medication administration, ongoing treatment, and medical appointments (routine or otherwise).*

I authorize MACAA staff to contact the sources listed in this application for the purposes of verifying the accuracy of the information.

I consent to a criminal background check, to include a child abuse/neglect registry search.

I consent to MACAA staff collecting a credit report.

I agree to provide, in a timely manner, all documentation requested by MACAA staff throughout application and placement process, including but not limited to the documents named above under Application Instructions & Eligibility Requirements.

I certify the information in this application is true and correct. I understand that misrepresentation or withholding pertinent information on my application could result in loss of services, up to and including dismissal from the program.

Applicant name (print)

Applicant signature

Date

Applicant name (print)

Applicant signature

Date