



3202 S. Tyler St.
Tacoma, WA 98409
P:253.383.4493
F:253.627.1897

Tyler Family Housing Application

Head of Household Name _____

Date Submitted _____

Best Way to Reach You _____

For Office Use Only		
Staff Member Reviewing Application:		
Number of children Male _____ Female _____		Referring Agency:
Verified complete <input type="checkbox"/> Application for Tyler Family Housing <input type="checkbox"/> Verification of Homelessness <input type="checkbox"/> Release of Confidentiality <input type="checkbox"/> Employment Verification <input type="checkbox"/> Income Verification <input type="checkbox"/> ID for all adults <input type="checkbox"/> Birth Certificates for kids <input type="checkbox"/> SS Cards for all adults and children		<input type="checkbox"/> Phone Screen Completed <input type="checkbox"/> Background Check Completed <input type="checkbox"/> Sound Screening Report Accepted by Tyler Staff? <input type="checkbox"/> Date set to meet with client to fill out THA Referral Packet: ___/___/___ Time: _____ <input type="checkbox"/> THA Referral Packet Sent by Staff via: email or fax <input type="checkbox"/> THA Request For Tenancy Approval packet brought in by client on: ___/___/___ sent to THA ___/___/___ <input type="checkbox"/> THA Inspection Pass/Fail Date: ___/___/___
Screening Fee Paid Date ___/___/___	Deposit Date ___/___/___	Interviewed Date ___/___/___
Possible Unit		Possible Move in Date Date ___/___/___
Explanation (accepted, found other housing, could not be contacted, etc.). Staff Member Initials _____		

Part A. Application for Permanent Housing

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Income Worksheet

Tyler Family Housing, Family Life Program provides services to families who fall in the following income brackets: You must fall within these income brackets to receive services from Tyler Family Housing.

30% of AMI (Area Median Income)	
Maximum yearly income:	
Family of 2	\$17,950
Family of 3	\$20,200
Family of 4	\$22,400
Family of 5	\$24,200
Family of 6	\$26,000
Family of 7	\$27,800
Family of 8	\$29,600

Head of household monthly income* \$ _____

Spouse/partner's monthly income \$ _____

Other monthly income (not including food stamps) \$ _____

Total family monthly income \$ _____ (Place total on "Total monthly income" line below)

Total monthly income \$ _____ multiply x 12 = \$ _____ **yearly income**

Head of household monthly food stamp amount \$ _____

Number in household: _____

Find your family bracket; is your family yearly income within the **30% of AMI** income guidelines? [] yes [] no

Everyone being considered for Family Life Program **MUST** have proof of income before being accepted. A letter from your income provider on their stationary is sufficient. Please be sure to include contact information for your employer, TANF, SSI, or whomever you receive income from is available.

*If you know your weekly income but not your monthly income, you can calculate your monthly income by:
Weekly income \$ _____ x 52 divide by 12 = monthly income \$ _____

TYLER FAMILY HOUSING

3202 S. Tyler St., Tacoma, WA 98409

FAMILY INFORMATION

(1) Head of Household, (2) spouse/partner (if living with family)

Last Name	First Name	Middle Name	DOB	Race*	Hispanic	Sex	SSN
1. _____	_____	_____	__/__/__	_____	Y / N	M F	_____
2. _____	_____	_____	__/__/__	_____	Y / N	M F	_____

Children: (List only children living with family currently)

3. _____	_____	_____	__/__/__	_____	Y / N	M F	_____
4. _____	_____	_____	__/__/__	_____	Y / N	M F	_____
5. _____	_____	_____	__/__/__	_____	Y / N	M F	_____
6. _____	_____	_____	__/__/__	_____	Y / N	M F	_____
7. _____	_____	_____	__/__/__	_____	Y / N	M F	_____
8. _____	_____	_____	__/__/__	_____	Y / N	M F	_____
9. _____	_____	_____	__/__/__	_____	Y / N	M F	_____

Children: (List those **not** living with family currently)

10. _____	_____	_____	__/__/__	_____	Y / N	M F	_____
11. _____	_____	_____	__/__/__	_____	Y / N	M F	_____
12. _____	_____	_____	__/__/__	_____	Y / N	M F	_____

Do you (#1 above) have contact with # 10, 11, 12 ? (Circle the ones you have contact with)

Name, address & Phone of absent parent(s) _____

Does the absent parent(s) have court ordered visitation or other court ordered parental rights?

Indicate the # of the child and explain the understanding below:

***Race: A=Asian, B=Black,, NA=Native American, PI=Pacific Islander, W=White, O=Other**

PERSONAL INFORMATION:

Weight _____ Height _____ Natural Eye Color _____ Natural Hair Color _____

Marital Status: Married Divorced Single Widow/er Other _____Veteran: Yes No Present Military Status: Active Reserves Discharged National Guard

If Active Military, give branch of service and unit

address: _____

Driver's License # _____ State _____ Exp. Date __/__/__

Vehicle Description: Make _____ Model _____ License # _____ State _____ Exp. Date __/__/__

Auto Insurance Co. _____ Policy# _____

Emergency contact: _____ Phone # _____

Name

Address

City

State

Zip

If you have debts or obligations, fill in section on "Financial Obligations." Fill in section as completely as you possibly can with current data. If you have no outstanding financial obligations go to "Employment History" section.

FINANCIAL OBLIGATIONS:

1. Amount of Debt: \$ _____ To whom: _____

Total amount of initial debt: \$ _____ Date of initial debt: __/__/__ Date of final payoff: __/__/__

Total amount of balance owed: \$ _____ Are you in arrears? Yes No, how many months _____

2. Amount of Debt: \$ _____ To whom: _____

Total amount of initial debt: \$ _____ Date of initial debt: __/__/__ Date of final payoff: __/__/__

Total amount of balance owed: \$ _____ Are you in arrears? Yes No, how many months _____

3. Amount of Debt: \$ _____ To whom: _____

Are you in arrears? Yes No, how many months _____

EDUCATION: (Head of Household)

Highest education level completed: _____

Other training: _____

Do you have a learning disability? Yes No If "YES," explain _Is it difficult for you to read or write English? Yes No If "YES," explainAre you currently a student? Yes No If "YES," Full-time Part-time

Name of School: _____ Name of Program: _____

EDUCATION: (Other Adult Household Member)

Highest education level completed: _____

Other training: _____

Do you have a learning disability? Yes No If "YES," explain _Is it difficult for you to read or write English? Yes No If "YES," explainAre you currently a student? Yes No If "YES," Full-time Part-time

Name of School: _____ Name of Program: _____

EMPLOYMENT HISTORY (Head of Household): Please list your last three employers, beginning with the most recent.

1. Employer: _____ From: ___/___/___ To: _/ _/___

Address: _____ City _____ State _____ Zip _____

Phone: _____ Reason for leaving: _____

Job title: _____ Immediate Supervisor's Name: _____

2. Employer: _____ From: ___/___/___ To: _ / ___/___

Address: _____ City _____ State _____ Zip _____

Phone: _____ Reason for leaving: _____

Job title: _____ Immediate Supervisor's Name: _____

3. Employer: _____ From: ___/___/___ To: _/ _/___

Address: _____ City _____ State _____ Zip _____

Phone: _____ Reason for leaving: _____

Job title: _____ Immediate Supervisor's Name: _____

EMPLOYMENT HISTORY (Other Adult Household Member): Please list your last three employers, beginning with the most recent.

1. Employer: _____ From: ___/___/___ To: ___/___/___

Address: _____ City _____ State _____ Zip _____

Phone: _____ Reason for leaving: _____

Job title: _____ Immediate Supervisor's Name: _____

2. Employer: _____ From: ___/___/___ To: ___/___/___

Address: _____ City _____ State _____ Zip _____

Phone: _____ Reason for leaving: _____

Job title: _____ Immediate Supervisor's Name: _____

3. Employer: _____ From: ___/___/___ To: ___/___/___

Address: _____ City _____ State _____ Zip _____

Phone: _____ Reason for leaving: _____

Job title: _____ Immediate Supervisor's Name: _____

INCOME:

Source of Income: (Write the amount per month you receive from each)

\$_____ TANF \$_____ Food Stamps \$_____ Social Security \$_____ SSI \$_____ DVR

\$_____ VA \$_____ Child Support \$_____ Unemployment

\$_____ Other (GAU, Family/Friend) \$_____ Employment (Head of Household) \$_____ (Other Adult)

Employer (s) _____

Head of Household Present Employment is: Full-time Part-time

Other Adult Present Employment is: Full-time Part-time

\$_____ TOTAL INCOME FOR THE FAMILY

CRIMINAL HISTORY (Head of Household):

Do you have a criminal record? Yes No, If "Yes,"

explain _____

Are you on probation or parole? Yes No How long? _____ Last felony reported _____

Conditions _____

Is your conviction for domestic violence or against someone in a vulnerable population? Yes No

If "Yes," explain _____

CRIMINAL HISTORY (Other Adult household member):

Do you have a criminal record? Yes No, If "Yes,"

explain _____

Are you on probation or parole? Yes No How long? _____ Last felony reported _____

Conditions _____

Is your conviction for domestic violence or against someone in a vulnerable population? Yes No

If "Yes," explain _____

PHYSICAL AND MENTAL HEALTH (Head of Household):

How would you describe your present physical health? Excellent Good Fair Poor

Describe any allergies, disabilities or limitations and your related resource needs:

Do you have any side effects from medications that we should be aware of?

If you have abused drugs, what was your drug of choice?

What treatment did you receive? _____ where_____

When did you last use? _____ Have you been in Detox? Yes No Date of last time _____

How often do you use alcohol? Daily Frequently Occasionally Rarely Never

What is your sobriety/clean date?_____Do you use prescription drugs? Yes No If "Yes," which ones?

How often? _____

Do any other family members have a medical problem or use prescriptions? ___ Yes ___ No

If YES list medications and explain: _____

PHYSICAL AND MENTAL HEALTH (Other Adult household member):

How would you describe your present physical health? Excellent Good Fair Poor

Describe any allergies, disabilities or limitations and your related resource needs:

Do you have any side effects from medications that we should be aware of?

If you have abused drugs, what was your drug of choice?

What treatment did you receive? _____ Where? _____

When did you last use? _____ Have you been in Detox? Yes No Date of last time _____

How often do you use alcohol? Daily Frequently Occasionally Rarely Never

What is your sobriety/clean date? _____ Do you use prescription drugs? Yes No If "Yes," which ones?

How often? _____

GOALS:

Please choose **one** answer to complete each statement or question below. The “right” answer is the answer that most honestly describes what you think or feel.

1. Right now, it is important that I:

- a. Find a place to stay
- b. Find a job
- c. Learn how to take better care of my children
- d. Find out more about the Lord

2. Three months from now, I most want to:

- a. Have my own house
- b. Have the skills that it takes to be on my own
- c. Have a job
- d. Have a car

3. Which best describes how I feel about my life?

- a. I need someone to help me
- b. I can do things on my own and do not need help from anyone
- c. I need to make a change, but I don't know how

4. How I respond to another person pointing out a need for change (correction) in my life.

- a. I ignore it
- b. Defend myself
- c. Blame someone else
- d. Ask what the person means and try to understand

5. In five to ten years, I want to:

- a. Be well-established in a job
- b. Have healthy family relationships
- c. Have my own house
- d. Other _____

PREVIOUS LIVING ARRANGEMENTS:

Where did you spend last night? _____

What is the zip code of your last permanent housing? _____

Where have you been staying for the last six months? _____

Address _____

City _____ State _____ Zip _____ phone _____

Were you paying rent? Yes No Amount? \$ _____

Have you ever been evicted for non-payment of rent or utilities? Yes No If "Yes," explain: _____

Do you have any household furnishings available to you? Yes No If "Yes," describe items that you have: _____

Write a brief explanation of the circumstances that have caused this homeless situation and the agency that you are being referred by:

I certify that to the best of my knowledge all statements in this application are true and correct.

I understand that false, misleading, or incorrect information can be grounds for denial of tenancy or for eviction:

Printed Name: _____ Signature: _____ Date: ____/____/____

SELF-DECLARATION OF HOMELESSNESS

IMPORTANT: Families who are unable to obtain documented verification of homelessness from another agency (e.g. homeless shelter, treatment facility, etc.) must complete this form to verify homelessness.

Date _____

Name(s) of Adult(s)

Name(s) and Age(s) of

Children _____

My name is _____

My family and I are homeless. We have been homeless since _____.

Last night we slept _____.

We do not have the resources to move into housing on our own. We do not have family or friends that can provide housing or resources to move into housing at this time. Without assistance from The Rescue Mission we will remain homeless.

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

Part B. Verification of Homelessness



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IMPORTANT: Families will not be considered for the family life program without this form being completed by a referring *agency*, and accompanied with a release of confidential information signed by the client. The agency has to be able to verify homelessness (*it is recommended that an emergency shelter fill this out for you and turn it in with your application.*) If you have questions regarding this form please call Tyler Family Housing at 253.383.4493)

Referring Agency: _____ Phone No: _____

Name and Title of person filling out this form: _____

Address: _____

NAME	DATE OF BIRTH	ADMISSION DATE	SOCIAL SECURITY #
Head of Household:			
Spouse/Partner's Name:			
Child:			
Child:			
Child:			
Child:			

Brief History of family:

Identifying Information/Current Issues:

Substance Abuse History:

Psychiatric/Mental Health History:

Medical History:

Legal Involvement:

Educational Status:

Parenting Issues:

Financial Debt Status:

Printed Name and Title of person completing this form:

_____ Name _____ Title _____

Signature: _____ Date: _____

Part C. Release of Confidentiality, please submit original



3202 S. Tyler St. #D-2
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Release of Confidentiality

I hereby request and authorize _____
 referring agency

to release my records to The Rescue Mission, Tyler Family Housing,
 including my records regarding mental health, medical history, chemical
 dependency, legal involvement, employment, housing, family issues, finances
 and education.

Head of Household Printed name _____

Spouse/Partner Printed name _____

Head of Household Signature _____ Date _____

Spouse/Partner Signature _____ Date _____

Part D. Employment Verification



HELP • HOPE • HEALING

3202 S. Tyler St., Tacoma, WA 98409
(253) 383 - 4493

Request for Verification of Employment and Income

Date: _____

The Rescue Mission which operates the Tyler Family Housing Apartments requests verification that

First Name

Middle Name

Last Name

is employed with _____

Date of hire: _____

Employee is: Full Time Part Time Regular work schedule is: _____

Employee's current wage/salary is: Hourly \$ _____ Weekly \$ _____ Monthly \$ _____

Max amount of hours per week: _____

The above named individual authorizes release of employment and income verification to The Rescue Mission.

Signature of applicant Date

Signature of employer Date

Please print employer name Title Phone



Tyler Family Housing

3202 S. Tyler St.
Tacoma, WA 98409
(253) 383-4493 phone

**AUTHORIZATION FOR RELEASE OF INFORMATION
(One for Each Adult)**

I, _____, DOB _____ hereby authorize the **RESCUE MISSION** to release to **WASHINGTON STATE PATROL** the following specified information. I release the above named provider from any legal liability that may arise from this authorization.

Information to be released: Identifying information

Purpose of this release: Washington State Patrol Background Check

I understand my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Records, 42 CFR part 2, HIPAA 45 CFR, Washington State Uniform Health Care Act including RCW 70.02 & WAC 388-805, Child/Adult Abuse Information Act including RCW 43.43.830-845 & WAC 446-20-285, Criminal Records Privacy Act RCW 10.97.050 WSP Identification and Criminal History Section, may disclose, upon request, conviction criminal history record information and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand I may **REVOKE or RESTRICT** this consent at anytime except to the extent that action has been taken in reliance on it, and in any event this consent expires automatically as follows:

90 DAYS

(Specification of the date, event, or condition upon which this consent expires)

Authorizing Signature (Client): _____ **Date** ____/____/____

Printed "FULL" Name (Client): _____

Maiden Name(s) Used: _____/_____/_____

Alias Name(s) Used: _____/_____/_____

Witness:(Staff) _____ **Date:** _____

Confidentiality of Records

This information has been disclosed to you from records whose confidentiality is protected by State and Federal Laws. Federal regulations 42 CFR Part 2 , HIPAA 45 CFR, Washington State Uniform Health Care Act including RCW 70.02 and WAC 388-805, Criminal Records Privacy Act RCW 10.97.050 prohibit you from making any further disclosure or re-disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.