



Resident Name
RESIDENT RENEWAL FINANCIAL APPLICATION UPDATE
FOR _____
Insert address

OPTIONS FOR SUPPORTED HOUSING, works to provide affordable housing to low-income individuals with developmental disabilities. In doing so, Options seeks affordable housing funds from sources that require information on the low-income individuals with developmental disabilities who are living in single-family residential homes provide by Options.

For this reason, Options is required to obtain information about you as an applicant to live in our home, including providing us with the documentation outlined in this Application. We appreciate your time and effort to complete this Application on a timely basis.

1. Applicant's Personal Information:

Legal Name: _____

Date of Birth: _____

Soc. Sec. No.: _____

Gender: Male Female

Race: White Black/African American Asian

Ethnicity: Am. Indian/Alaska Native Native Hawaiian/ Pacific Islander

Hispanic Non- Hispanic

2. Applicant's Prior Living Arrangement?

Type: State Institution Developmental Center Family Home
 Apartment Single-Family Home Condominium

Did you ever live in a state institution or developmental center?

No Yes, when: _____

3. Guardian, Caregiver or Service Provider Information

Name: _____

Title: _____

Mailing Address: _____

Phone: _____

Mobile: _____

Email: _____

4. Do you receive social security (SSI/SSA) funds?

Yes, how much per month: _____ No

Please attach copy of SSI/SSA letter

5. Are you employed or anticipated being employed in the next 12 months?

Yes, how much per month _____ No

Please attach paystubs for the last 3 months

6. Are you receiving public assistance or welfare (like food stamps) or veteran benefits? Or any other form of income (like an allowance, rent or utility payments)?

Yes, how much per month _____ No

Please attach document showing benefit

7. Are you receiving unemployment, disability or similar benefits?

Yes, how much per month: _____ No

Please attach document showing documents

8. Are you receiving regular money (monthly or periodic) from your family, church, friends, or any other form of income (like an allowance, rent or utility payments)?

Yes, how much per month: _____

Please attach explanation of source

9. Are you receiving regular proceeds (monthly or periodic) from a lawsuit or other claim?

Yes, how much per month: _____

Please attach document showing payment

10. Do you have a section 8 housing voucher or receive other similar rental assistance

Yes, please provide the information below- No

Name of Housing Authority or Agency _____

Name of Case Manager _____

Phone number of Case Manager _____

Please attach copy of voucher letter

11. Do you have any other source of regular income?

Yes, how much _____ No

Please attach explanation of source

12. Do you have a bank account?

Yes, please provide the information below- No

Name of Bank: _____

Balance as of this Update: _____

Please attach copy of bank statements for the last 3 months

13. Do you have any other assets?

Yes, please provide the information below - No

Describe asset: _____

Value as of date of this Update: _____

Attach documents explaining other assets

If you answered yes to any of the questions asking for supporting documents, you need to submit those documents along with this Update.

CERTIFICATION

I certify on behalf of _____ (Name of Resident), as _____, (insert service provider company name) caregiver and/or service provider, that the information contained in this Update is correct and true to the best of my knowledge.

Date: _____

Print Name: _____