

Reg. No. _____

APPLICATION

Date: _____
Time: _____

Section 8 _____

Head of Household _____ SS # _____

Mailing Address _____ Phone # _____

City _____ State _____ Zip _____

Nearest Relative _____ Phone # _____

FAMILY COMPOSITION

Name (First & Last)	Age	Sex	Birthdate	Employed (yes/ no)	Relationship

Income Source _____ Gross Monthly Income _____

Currently HOMELESS (Please Circle) YES NO Referred by a Shelter: YES NO Special Amenities: YES NO

Classification: Family Sr. Cit. Dis. Hdcp.

I verify that I have received a copy of the application and that I am fully responsible for reporting any changes on this application. I have reviewed the above information and certify it to be correct. I understand I must keep my copy of this form as proof of registration.

Check One Of The Following: (Ethnic Origin)

- White Hispanic American Indian/ Alaskan Native
 Black Other Asian/ Pacific Islander

Signature _____

B R _____ Intv. by _____

HACY 095/ 04-00

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Trail Estates

Rental Assistance for Adult members with a Serious Mental Illness (SMI)

Do you or a family member 18 years or older have a Serious Mental Illness?

YES

NO

Family Member's Name with Serious Mental Illness

Behavioral Health Agency's Name

Caseworker's Name

Phone Number

*Contact your Behavioral Health Provider for a possible referral for a rental assistance voucher.
If you are not currently enrolled with a Behavioral Health Provider or are not sure if you meet the criteria for
having a Serious Mental Illness, contact a Behavioral Health Provider for further assistance.*

*****Make a copy & place in Bridge Subsidy Caseworker's Inbox if completed*****