



# Eden Village of Wilmington

*a non-profit 501(c) (3)*

## APPLICATION PACKET

### Included

- Application
- Qualifying Disability and Homelessness Verification
- Statement of Independence
- Favorites

### Please include the following with this application

- A copy of a photo ID
- Income verification
- Insurance verification
- Pet documentation (*if applicable*)
- Vehicle documentation (*if applicable*)

*Eden Village of Wilmington will not be actively evaluating applications until the Eden Village of Wilmington community is ready for occupancy. Early applications will not give you priority over other applicants.*

# APPLICATION

Complete Legal Name \_\_\_\_\_  
*First* *Middle* *Last*

Nickname or other names used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Proof of age document \_\_\_\_\_

Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License/State ID # \_\_\_\_\_ State of Issuance \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Do you currently have a case manager? Yes (*list name below*) No

Name \_\_\_\_\_

Agency \_\_\_\_\_

Phone # \_\_\_\_\_

Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Income

List all sources of income and expenses. Sources of Income must be verifiable. Please attach copies of documentation (*i.e., pay stubs*) that will assist us in verifying a stable source of income.

Earned Income (Job)	\$
Unemployment Insurance	\$
Supplemental Security Insurance (551)	\$
Social Security Disability Insurance (5501)	\$
VA (Service Connected Disability)	\$
VA (Non-service Connected Disability)	\$
Private Disability Insurance	\$
Worker's Compensation	\$
General Assistance	\$
Social Security Retirement	\$
Pension/Retirement from job	\$
Child Support	\$
Alimony/Spousal Support	\$
Other _____	\$
Other _____	\$
SNAP (Food Stamps)	\$
WIC	\$
Section 8, Public Housing or other on-going rental assistance	\$
Other Source _____	\$
Temporary Assistance	\$
<b>TOTAL</b>	\$

If you are employed, please list where you work, how long you have worked there, and your employment status (*full time, part time*)

---

## Expenses

Phone	\$
Car Payment/Insurance/Maintenance	\$
Food	\$
Transportation/Gasoline	\$
Medical (Doctor, prescriptions, etc.)	\$
Other -	\$
Other -	\$
<b>TOTAL</b>	\$

1. Are you currently covered by health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, which program(s):

\_\_\_\_\_ Medicaid

\_\_\_\_\_ VA Medical Services

\_\_\_\_\_ Medicare

\_\_\_\_\_ Employer Provided

\_\_\_\_\_ Private Pay

2. Do you have a primary care provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who (*include location*) \_\_\_\_\_

3. Do you have a mental healthcare provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who (*include location*) \_\_\_\_\_

4. Are you a victim or survivor of domestic violence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when? \_\_\_\_\_ By whom? \_\_\_\_\_

5. Are you at least 18 years of age? \_\_\_\_\_

6. Do you currently have any outstanding warrants for your arrest?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

7. Have you ever been convicted of a felony? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

8. Have you ever been arrested and/or convicted of domestic violence?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

9. Are you a registered sex offender? \_\_\_\_\_

10. Are you currently on probation? \_\_\_\_\_

11. Have you been evicted from housing in the past? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

12. Do you currently have any drug or alcohol addiction issues?

\_\_\_\_\_Yes \_\_\_\_\_No

13. Would you be willing to submit to a drug test? \_\_\_\_\_Yes \_\_\_\_\_No

14. Do you own any animals? \_\_\_\_\_Yes \_\_\_\_\_No

If so, what type and breed? \_\_\_\_\_

How much do they weigh? \_\_\_\_\_ lbs

15. Are you a smoker? \_\_\_\_\_Yes \_\_\_\_\_No

16. What is the highest level of education you have completed? \_\_\_\_\_

17. Do you have difficulty with reading or writing? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

18. Have you had an incident of bed bugs in the last 12 months?

\_\_\_\_\_Yes \_\_\_\_\_No

19. Do you own a car that will be parked on property? \_\_\_\_\_Yes \_\_\_\_\_No  
*If you answered yes, you are required to show proof that your car's registration is up-to-date. Please note that vehicles are prohibited from parking on the premises if they are inoperable, have no license plate, no current registration, or no current registration sticker. **This application is not complete without attached proper documentation for any cars you own.***

20. Are you currently receiving community services? If so, What are they?

---

If not, are you willing to receive services while living at Eden Village?

---

21. Do you have health insurance? \_\_\_\_\_Yes \_\_\_\_\_No

If so, what type of health insurance do you have? \_\_\_\_\_

*If you have health insurance, you are required to attach a copy of your health insurance card.*

***This application is not complete without the proper documentation of health insurance.***

22. Any prior military service? \_\_\_\_\_Yes \_\_\_\_\_No

Branch: \_\_\_\_\_

Veteran Status: \_\_\_\_\_

Do you have a copy of your DD-214? \_\_\_\_\_

23. Do you have a medical marijuana license or do you take any controlled substances that are prescribed to you? \_\_\_\_\_Yes \_\_\_\_\_No

24. Do you have children that are minors? \_\_\_\_\_Yes \_\_\_\_\_No

25. **Do you have the following End of Life Documents? Check all that apply**

\_\_\_\_\_ Declaration of Guardian

\_\_\_\_\_ Directive to Physicians

\_\_\_\_\_ Durable Power of Attorney

\_\_\_\_\_ HIPAA Release

\_\_\_\_\_ Death Certificate Information Sheet

**References** - List 3 people *who are NOT family members* and can serve as personal references.

First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____
First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____
First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____

**Emergency Contacts** - List 3 people to contact in case of an emergency, if different than above

First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____
First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____
First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____

By signing this application, I guarantee the accuracy and completeness of the information provided. I also give Eden Village of Wilmington permission to have a Public Data Search and a criminal background check conducted on me.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 Applicant signature Date

## QUALIFYING DISABILITY AND HOMELESSNESS VERIFICATION

### Chronically Homeless Qualification Checklist

Eden Village defines a chronically homeless person as - ***an unaccompanied homeless person*** (a single homeless person who is alone and is not part of a homeless family and not accompanied by children) with the following

#### Part I - A disabling condition. Check the appropriate box(es)

Do you have any disabilities?  Yes  No

Alcohol Abuse		Hearing		Physical/Medical
Alzheimer's/Dementia		HIV/AIDS		Physical/Mobility
Cognitive		Learning		Visual
Developmental		Mental Handicap/Injury		Speech
Drug Abuse		Mental Illness		Other: _____

What medical or mental diagnoses do you have? \_\_\_\_\_

Are each of the disabilities listed above expected to be of a long, continued and indefinite duration and substantially impair your daily life? If no, please list which do not.

Which of the above disabilities are you currently receiving treatment for?



## Part II - How long have you lived in the Springfield metropolitan area?

---

### Part III - Chronically Homelessness Status. Check ONE

Yes  No Have you been continuously homeless for a year or more. HUD defines "homeless" as "a person sleeping in a place not meant for human habitation e.g. living on the streets for example OR living in a homeless emergency shelter.

Yes  No Have you had four (4) episodes of homelessness in the last three (3) years. HUD defines "homelessness" as "sleeping in a place not meant for human habitation e.g. living on the streets for example OR living in a homeless emergency shelter.

Part III is supported by Third Party Certification, which includes dates and locations of homelessness, from one or more of the following. Check ALL that apply

Certification letter(s) from an emergency shelter for the homeless.

Certification letter(s) from a homeless service provider or outreach worker.

Certification letter(s) from any other health or human service provider.

Certification self-statement signed by the client.

### THIRD PARTY CHRONIC HOMELESSNESS VERIFICATION

*Make every effort to complete BOTH sections of the **Third Party** and the **Self-certification***

Name of person being verified as homeless \_\_\_\_\_

NOTE - Because third party verification is the preferred method of certifying chronic homelessness or risk for an individual who is applying for housing, all efforts to obtain third party verification should be exhausted before relying on the self-certification of housing.

WHEN to use this: When HMIS records or other objective documentation is not available for any period of homelessness of 30 days or more.

Examples of third party verifiers: Business owner, past case manager, fellow homeless individual, other service provider, etc.

### THIRD PARTY VERIFICATION

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your relation to the person being verified as homeless

\_\_\_\_\_

Where have you witnessed the client to be homeless (*specific location*)

\_\_\_\_\_

\_\_\_\_\_

When have you witnessed the client to be homeless list dates [MM/YYYY] to [MM/YYYY]

\_\_\_\_\_

\_\_\_\_\_

### SELF-CERTIFICATION of Chronic Homelessness

*Please make every effort to complete BOTH this form and the third party certification on the previous page.*

Have you been continuously homeless for the last 12 months? \_\_\_\_ Yes \_\_\_\_ No

Describe homelessness over the past 12 months. Include all dates and locations (i.e. [month/year] to [month/year] at [location]):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Knowing that . . .

- Episodes (“occasions”) of homelessness are broken up by any period of time where the client was housed for 7 days or more

- Transitional housing and hotels or motels paid for by the client are classified as housing for those eligibility purposes
- The following are classified as emergency shelters: HCHV contract beds and hotels or motel is paid for by charitable organizations or by federal, state, and local government programs (TDCJ, HOPWA, etc.)
- Institution stays of less than 90 days are considered a continuation of homelessness, if the client entered from a place not meant for human habitation, emergency shelter, or safe haven; if the institution stay is greater than 90 days, this constitutes a break in homelessness.

In the last three (3) years, have you been literally homeless on four (4) or more separate occasions, which total at least 12 months?

- If YES, document all episodes of homelessness in the last three (3) years below
- If NO, client is not currently chronic

---



---



---



---

Sum of Homeless Occasions (in months): \_\_\_\_\_

*Note - CHRONIC = sum of 12 months or more*

**Oral Statement - I self-certify that I . . .**

---



---



---



---

By signing below I certify that the information presented in this application is true to the best of my knowledge. I understand that false or misleading information may result in termination of housing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



# Favorites

As a neighbor of Eden Village we want to get to know you better! Please fill out the following survey and let us know some fun facts about yourself.

1. Do you have any hobbies? What are you interested in? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What is your favorite color? \_\_\_\_\_
3. What is your favorite movie? \_\_\_\_\_
4. What is your favorite book? \_\_\_\_\_
5. If you have a favorite flower, what is it? \_\_\_\_\_
6. What are your favorite foods? \_\_\_\_\_
7. What kind of music do you like to listen to? \_\_\_\_\_
8. Do you have a pet? If so, what kind? \_\_\_\_\_