



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

Application Date: ____ / ____ / ____

Do you have difficulty with reading or writing? ____ Yes ____ No

If yes, please explain: _____

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 # _____

What is your gender identity? (*check which is applicable*)

Male ____

Transgender ____

Female ____

Don't wish to specify ____

Non-binary ____

Relationship Status (*check which is applicable*)

Single never married ____

Separated ____

Divorced ____

In a relationship living alone ____

Married ____

In a relationship & living with partner ____

Widowed ____

Race (*check which is applicable*)

Alaska Native ____

Pacific Islander ____

American Indian/Native American ____

White ____

Asian ____

Unknown ____

Black/African American ____

Prefer not to answer ____

Multiracial ____

Other: _____

Ethnicity (*check which is applicable*)

Hispanic or Latino ____

None of the Above ____

Not Hispanic or Latino ____

Prefer not to answer ____

How many children do you have? (*if applicable*) _____

Do you have any children that are minors? (*if applicable*) _____

Highest Level of Education Completed (*check which is applicable*)

9th Grade or below ____

Some College ____

12th Grade with no certification ____

Graduate or Professional Degree ____

Highschool diploma or GED ____

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

Name _____

Agency _____

Phone # _____

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

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

HOUSING HISTORY

1.) How long has it been since you lived in permanent stable housing? ____

2.) In the last three years how many times have you been homeless? ____

3.) Think back to the last 6 months. How many nights during that time did you spend in one of the following?

____ Shelter

____ Halfway house

____ Vehicle

____ Hospital

____ Outdoors

____ Residential treatment facility

____ Hotel or motel

____ Prison or jail

____ Place unsuitable for human habitation

____ Long term care facility

____ Transitional housing

____ Permanent housing

RISK

1.) In the past 6 months how many times have you...

a) received health care at an emergency department or room ____

b) taken an ambulance to the hospital ____

c) been hospitalized as an inpatient ____

d) used a crisis service including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines ____

e) talked to police because you witnessed a crime, were victim to a crime, or the alleged perpetrator of a crime or because the police told you that you must move along_____

f) stayed one or more nights in holding cell, jail or prison, whether that was a short term stay like the drunk tank, a longer stay for a more serious offense or anything in between _____

g) participated in Alcoholics or Narcotics Anonymous group meeting _____

h) seen a doctor or medical provider for a general outpatient visit _____

i) seen a doctor or a medical provider for a mental health outpatient visit _____

j) seen a doctor or medical provider for substance abuse treatment _____

2.) Have you been ever been attacked or beaten up since you became homeless? ____Yes ____No

3.) Have you threatened or tried to harm yourself or anyone else in the last 6 months? ____Yes ____ No

4.) Are you a victim or survivor of domestic violence? ____Yes ____No

If so, when? _____ By whom? _____

5.) Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship or because family or friends caused you to become evicted?
____Yes ____ No

Application Continues on Next Page

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_____	\$
SNAP (Food Stamps)	\$
WIC	\$
Section 8, Public Housing or other on-going rental assistance	\$
Other Source_____	
Temporary Assistance	\$
TOTAL	\$

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 -	\$
TOTAL	\$

Healthcare

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.) If private pay what type of 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.***

3.) Do you have a primary care provider? ____ Yes ____ No

If so, who (*include location*) _____

Provider phone # _____

4.) Do you have a mental healthcare provider ____Yes ____No

If so, who (*include location*)_____

Provider phone # _____

LEGAL

1.) Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines or that make it more difficult to find a place to live? ____ Yes ____ No

If yes, please explain:

2.) Do you currently have any outstanding warrants for your arrest? ____ Yes ____ No

If yes, please explain:

3.) Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please explain:

4.) Have you ever been arrested and/or convicted of domestic violence? ____ Yes ____ No

If yes, please explain:

6.) Are you a registered sex offender? _____

7.) Are you currently on probation? _____

8.) Have you ever been evicted from housing in the past? __Y __N

If yes, please explain:

ADDITIONAL QUESTIONS

1.) Do you have any drug or alcohol addiction issues? __Yes __ No

2.) Would you be willing to submit to a drug test? __ Yes __ No

3.) Do you have a medical marijuana license or do you take any controlled substances that are prescribed to you? ____Yes ____ No

4.) Do you smoke? ____ Yes ____ No

5.) Do you have any prior military service? ____ Yes ____ No

Branch: _____

Veteran Status: _____

Do you have a copy of your DD-214? _____

6.) Do you own any animals? ____ Yes ____ No

If so, what type and breed? _____

How much do they weigh? ____ lbs

Application Continues on Next Page

7.) Do you own a car that will be parked on the property? __ Y__ N

*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. **If you answered yes, this application is not complete without attached proper documentation of any car.***

8.) Do you have any of the following End of Life Documents?

____ Declaration of Guardian

____ HIPAA Release

____ Directive to Physicians

____ Death Certificate Information Sheet

____ Durable Power of Attorney

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 _____	

Application Continues on Next Page

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

Application Continues on Next Page

QUALIFYING DISABILITY AND HOMELESSNESS VERIFICATION

Chronically Homeless Qualification Checklist

Eden Village defines a chronically homeless individual as – ***an unaccompanied person experiencing homelessness*** (a single individual who is homeless and alone and is not part of a 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

<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Physical/Medical
<input type="checkbox"/>	Alzheimer's/Dementia	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	Physical/Mobility
<input type="checkbox"/>	Cognitive	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Visual
<input type="checkbox"/>	Developmental	<input type="checkbox"/>	Mental Handicap/Injury	<input type="checkbox"/>	Speech
<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Other: _____

What medical or mental health 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 Wilmington metropolitan area?

Part III – Chronic 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 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 OR in a homeless shelter

Application Continues on Next Page

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 people who are homeless.
- ☐ Certification letter(s) from a service provider for the homeless or outreach worker.
- ☐ Certification letter(s) from any other health or human service provider.
- ☐ Certification self-statement signed by the client.

Application Continues on Next Page

THIRD PARTY CHRONIC HOMELESSNESS VERIFICATION

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

Name of individual 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 above.

Have you been continuously homeless for the last 12 months ___ Yes ___ No

Describe episodes of 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 you were 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 motels 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.

Application Continues on Next Page

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 that last three (3) years below
- If NO, client is not currently chronic

Sum of homeless occasions (in months): _____

Note – *CHRONICALLY Homeless* if sum = 12 months or more

Application Continues on Next Page

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 the termination of housing.

Applicant Signature

/ /

Date

CASE MANGER CERTIFICATION

I understand that third party verification is the preferred method of certifying chronic homelessness for an individual who is applying for housing. I understand self-declaration is only permitted when I have attempted but cannot obtain third party verification.

Documentation of attempt made for third party verification

Case Manager Signature _____ Date ____/____/____

Application Continues on Next Page

STATEMENT OF INDEPENDENCE

Eden Village of Wilmington is a non-profit 501© (3) program and is designed to provide independent, affordable, sustainable housing with dignity to those who are experiencing chronic homelessness. Chronic homelessness is defined as being continuously homeless for one year or more or being homeless at least four times for substantial durations over the past three years.

It is the expectation that all applicants will be able to live independently as single occupants in a home in a community environment. The occupant will be expected to maintain a clean and orderly home. **The Eden Village staff will make random and periodic inspections to ensure the home is kept in an orderly fashion.**

Eden Village does not provide case management services or counseling (Medical or psychiatric care, house cleaning, transportation, etc.). Most of the services that an applicant may need will be obtained from outside sources and made available in Eden Village's Community Center.

Eden Village and applicant(s) acknowledge that it is very difficult to live on a limited income. It will be important for the applicant to understand what other services are available in the city that would help offset the cost of everyday living.

By signing this document I attest that I am financially, physically, and emotionally fit to live independently as set out above. All information provided is true and accurate. I understand that any inaccuracy or incomplete information provided could cause my application to be rejected.

Applicant's Signature

Printed Name

____/____/____

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? _____