

Head of Household (please print name): _____

Please answer the following questions to the best of your ability. You may refuse to answer any question. This information is for service connection and the LRMF advisory committee and will not be shared with any landlord or property management company. This information may be used to match applicants with potential rental units.

1a. Is this household currently homeless?	Y	N
1b. Where are you currently residing?		
<p>US Health & Human Services: A homeless individual is defined in section 330(h)(5)(A) as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.” A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]</p> <p>NOTE: There are many definitions of “homeless” depending upon location and agency. Please ensure an answer to question 1b in order to allow the LRMF Advisory Committee to make an appropriate determination.</p>		
2. How many adults (anyone 18+) are in the household?	1	2
	3	4
	5	
List name of other adults (anyone 18+):		
3. How many children are in the household?		
4. Is this a youth-headed household?	Y	N
5. Is anyone in the household currently pregnant?	Y	N
6. What size unit does the family qualify for (bedrooms)?	1	2
	3	4
	5	

Check the most correct answer	Yes	No
7a. If housed, would you be able to pay rent?		
7b. What income sources do you have to pay rent?		
8a. Do you have a voucher?		
8b. When does your voucher expire?		
8c. What agency is your voucher from?		
9. Do you have any past court evictions? If yes, how many? _____		
10. Do you have poor credit?		
11. Do you lack a credit history?		
12. Do you have any positive landlord references?		
13. Do you have any negative landlord references?		
14. Do you owe any landlord money? If yes, how much? _____ If yes, is it a public housing agency? Please explain on backside.		
15. Do you owe any utility company money? If yes, how much? _____		
16. Do you have any misdemeanors? If yes, how many? _____ If yes, how long ago was the most recent? _____		
17. Do you have any felonies? If yes, how many? _____ If yes, how long ago was the most recent? _____		

18. Have you ever been convicted of any violent, sexual, drug, or arson crime? If yes, please explain on backside.		
19. Do you have to register as a predatory offender?		
20. Are you currently fleeing domestic violence?		
21a. Have you ever moved out of an apartment without notice or warning? If yes, how many times? _____ (PROVIDE EXPLANATION IN THE AREA BELOW.)		

Explanation/additional information: _____

Please initial

_____ I understand, if approved, I must maintain regular contact with a supportive service provider of my choice while being a participant in the Landlord Risk Mitigation Fund. I understand if I choose to terminate services and do not obtain a new service provider within 30 days I will be withdrawn from the fund which may/may not violate my lease agreement.

CONSENT FOR RELEASE OF INFORMATION

I certify the information provided in this application is complete and true to the best of my knowledge. I understand this application is used by the Fargo-Moorhead Landlord Risk Mitigation Fund to determine my eligibility and my personal information will be shared with the advisory committee in order to make this determination.

By signing below I authorize _____, my supportive service provider, to release my personal information and any additional information needed by the Landlord Risk Mitigation Fund advisory committee for the purpose of providing assistance to my household, as an applicant or participant.

I understand my authorization will remain effective from the date of my signature until 30 days after the date of my exit from the Landlord Risk Mitigation Fund. I also understand I may see any shared information, and that I may revoke authorization at any time by written communication to my supportive service provider or the Fargo-Moorhead Coalition for Homeless Persons.

The Landlord Risk Mitigation Fund will be unable to make an eligibility determination without receiving a signed release of information. Therefore, refusing to consent to this release of information will result in your household being ineligible for the fund.

Signature of the head of household

Date

Supportive Services Provider:

APPLICANT INFO:

VI-SPDAT Score: _____ Full SPDAT Score (if available): _____

***Please check the appropriate assessment: _____ individual _____ family _____ youth**

****DO NOT PROVIDE THE VI-SPDAT/SPDAT SHEETS; ONLY THE SCORE**

Please include a dated cover letter on agency stationery describing your history with the applicant. Include information regarding applicant(s) rental search, your service provisions, other agencies or providers involved with the applicant, actions that will be used to address housing barriers, and what makes the applicant a good candidate for the LRMF.

I agree, as a service provider of the FM Landlord Risk Mitigation Fund, to provide supportive services to the household while it is enrolled in the Landlord Risk Mitigation program including, but not limited to, the following provisions:

1. I will provide referrals to tenant education, financial literacy, and basic home maintenance.
2. I will provide education regarding the tenants' lease.
3. I will use risk management and harm reduction models to decrease destructive behaviors.
4. I will provide no less than monthly home visits, decreasing in intensity as time goes on.
5. I will make no less than quarterly contact with landlord: immediate, if a situation warrants.
6. I will assist tenant and landlord in doing a thorough check-in and check-out procedures, including pictures and documentation of rental unit condition.
7. I will assist tenant with ensuring documentation of rent paid and maintenance requests.
8. I will provide a copy of the lease and inspection form to the Coalition upon completion.
9. I will obtain signed releases of information for the future landlord/property management company and the Fargo-Moorhead Coalition for Homeless Persons.
10. I verified based on the facts presented that this applicant(s) has the ability to pay rent and is a good fit for this program.

I certify I currently work for a government, non-profit or other service agency that has a history of providing supportive service, coordination, and/or case management services.

Signature of the supportive services provider

Date

Service provider's name and contact information (include agency, address, phone and email):

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED BY THE COMMITTEE.