

Housing Information:

Monthly rent/mortgage: \$ _____ Number of Bedrooms: _____

LANDLORD INFORMATION

Landlord/management company name (check payable to): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Landlord/management company daytime phone: _____

UTILITIES

What utilities does the applicant pay in addition to rent?

gas electric heating fuel hot water none other: _____

Who pays utilities in the household? applicant spouse/partner roommate

other: _____

* Please Answer YES or NO to the following questions:	YES	NO
1. Do you have a housing plan with any other agency for maintaining or establishing stable on-going stable housing?		
2. Have you had contact with a primary health care provider at least once in the last three months (or consistent with the schedule specified in your individualized service plan)?		
3. Do have medical insurance coverage or medical assistance?		
4. Are you a Veteran from U.S. military service?		
5. Are you a survivor of domestic violence?		
6. Have you been homeless for a year or more?		
7. Have you had at least four episodes of homelessness in the past three years?		

Transportation Assistance	
Deposit	
THA/OHFA application	