**HOMELESS AND HOUSING SERVICES**

RESIDENTIAL PROGRAMS

Dear Housing Applicant:

The YWCA Greater Harrisburg offers 4 residential housing programs for women and children, and 1 residential program for men, women, and children. Once received, your completed application will be reviewed for eligibility for each program offered on the attached housing guide. Eligibility for some programs is also determined by your willingness to participate in goal-oriented programs and willingness to seek drug and alcohol treatment if you are or have experienced substance abuse issues. Unwillingness to participate at any time may result in ineligibility or eviction from the program.

You will be contacted by phone and/or letter within one week of submitting your application to discuss your housing options. If you would like to pursue the housing option offered, you will be required to meet with a case manager within 5 business days. At that time, you will be required to provide all verification documents listed below. A unit will not be reserved for you until identification documents and verifications are submitted.

**You must submit the following copies of idenfication documents with your application:**

* Photo IDs (for all adults 18 years or older that will be residing with you)
* Social Security Card(s) (for all persons that will be residing with you)
* Birth Certificate(s) (for all persons that will be residing with you)
* Permanent Residency Card(s) (for all persons that will be residing with you)

**During your meeting with the case manager, you must bring along the following documents:**

* Verification of income and benefits (statements/pay stubs for past 3 months) including:

Welfare

Child Support

Spousal Support

Employment

Unemployment

Social Security

School

Pensions/IRAs

* + Bank statements for all current bank accounts for the past 6 months
* Most recent statement from life insurance policy or annuity
* Documentation of childcare payments
* Address and telephone numbers for emergency contacts, employers, schools, daycare, etc.
* List of current medications

Date of Application: Click here to enter a date.

**HOMELESS AND HOUSING SERVICES**

1101 Market Street, Harrisburg, PA 17103

717.234.7931 (T) 717.234.1779 (F)

**INSTRUCTIONS**: Please complete **ALL** questions. If a question does not apply to you,

please indicate by answering “**N/A**.” **Only completed applications will be considered**.

**CLIENT INFORMATION**

**PLEASE PRINT**

* **Full Name**:

Last First Middle

* **Telephone Number**: Click here to enter text. **Email Address**: Click here to enter text.
* **Date of Birth**: Click here to enter text. **Age**: Click here to enter text. **SS Number**: Click here to enter text.
* **Veteran Status:**  Veteran  Non-Veteran
* **Handicapped** (According to Fair Housing Act Definition below\*): Yes No

Please identify all accommodations needed such as grab bars or wheel-in shower? Click here to enter text.

**RESIDENCE HISTORY**

**Present Address**: Click here to enter text.

Street No. Apt./Room No. City State Zip Code

**Length of Time at Present Address**: Click here to enter text. **Current Landlord N**ame: Click here to enter text.

**Present Landlord’s Address**: Click here to enter text.

Street City State Zip Code

**Current Amount of Rent**: Click here to enter text. **Reason for Moving**: Click here to enter text.

**Previous Address**: Click here to enter text.

Street No. Apt./Room No. City State Zip Code

**Length of Time at Previous Address**: Click here to enter text. **Amount of Rent**: Click here to enter text.

**Reason for Moving**: Click here to enter text.

**HOUSEHOLD COMPOSITION**

**Race**: 1. American Indian/Alaska Native 2. Asian 3. Black/African American

4. Native Hawaiian or other Pacific Islander 5. White/European American 6. Two or more races

**Ethnicity**: 1. Hispanic/Latino 2. Non-Hispanic/Non-Latino

**Marital Status**: 1. Married 2. Single 3. Separated 4. Divorced 5. Widowed

**Definition of Disability:** Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Member  No. | Full Name & Social Security # | Household  Relation | DOB  MM/DD/YY | Sex | Race | Ethnicity | Disabled  Y or N | Full-Time  Student  Y or N | Marital  Status |
| 1 | Full Name:  l  SS#: Click here to enter text. | Applicant  (Self) | Click here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 2 | Full Name:  Click here to enter text.  SS#: Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 3 | Full Name:  Click here to enter text.  SS#: Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 4 | Full Name:  Click here to enter text.  SS#:Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 5 | Full Name:  Click here to enter text.  SS#: Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| 6 | Full Name:  Click here to enter text.  SS#: Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

* In the future, do you plan to have any other dependents living here in this building with you who is not listed above?  Yes  No

IF yes, please explain and list individuals name, relationship, and age (include any pregnancies and the due date)? Click here to enter text.

**STUDENT STATUS**

* Check any of the following that applies to your household for any full-time student:

The adult member(s) of the household is a single parent residing with their minor children (with none of the persons being dependents of a third party; Exception: Child may be a dependent of his/her non-resident parent).

The head of household or adult student is married and filing a joint tax return.

The full-time student is enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar federal, state, or local laws.

The full-time student is receiving assistance under Title IV of the Social Security Act.

The full-time student is/was a recipient of foster care assistance under Part B or E of Title IV of the Social Security Act.

* For adults in the household who are students:
* School Name, address and telephone number Click here to enter text.
* Click here to enter text.

Click here to enter text.

* Student financial aid (grants, or type of asst) Click here to enter text.
* nticipated date of graduation Click here to enter text.

**INCOME/EMPLOYMENT INFORMATION**

**HEAD OF HOUSEHOLD**

* Are you currently employed:  Yes  No
* Do you expect to work for any period during the next 12 months?  Yes  No

Please explain: Click here to enter text.

* Name and address of employer: Click here to enter text.

Click here to enter text.

Click here to enter text.

* Telephone Number: Click here to enter text. Fax Number Click here to enter text.
* Title/position held: Click here to enter text. Supervisor: Click here to enter text.
* Self-Employed:  Yes  No
* Start Date of Employment: Click here to enter text.
* Current Wages: $ Click here to enter text. per Hour Week Month  Year
* Hours worked per week? Click here to enter text. Tips or commissions per week? Click here to enter text. Annual bonus? Click here to enter text.
* How do you receive your employment pay?  Check  Employment Direct Deposit Card

Direct Deposit into Bank Account

**CO-APPLICANT /  OTHER ADULT MEMBER /  OR SECOND EMPLOYER**

* Are you currently employed:  Yes  No
* Do you expect to work for any period during the next 12 months?  Yes  No

Please explain: Click here to enter text.

* Name and address of employer: Click here to enter text.

Click here to enter text.

* Telephone Number: Click here to enter text. Fax Number Click here to enter text.
* Title/position held: Click here to enter text. Supervisor: Click here to enter text.
* Self-Employed:  Yes  No
* Start Date of Employment: Click here to enter text.
* Current Wages: $ Click here to enter text. per Hour Week Month  Year
* Hours work per week? Click here to enter text. Tip or commission per week? Click here to enter text. Annual bonus? Click here to enter text.
* How do you receive your employment pay?  Check  Employment Direct Deposit Card

Direct Deposit into Bank Account

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Annual Income: For each type of income that your household receives, write the annual amount of income**  **that can be expected from the source identified during the next 12 months. Please list as applicable for each**  **household member. INDICATE “N/A” FOR ANY AREA THAT DOES NOT APPLY.** | | | | |
| **Income Source** | **Applicant/Head**  **of Household** | **Other Household**  **Member 18 Years**  **Or Older** | **Other Household**  **Member** | **Annual Gross Total** |
| Employment Gross  Annual Salary | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Overtime Pay | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Commissions /  Fees/Tips /Bonuses | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Unemployment  Benefits | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Workers  Compensation | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Social Security:  SS/SSI/SSP | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Pensions/  Retirement Funds | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Public Cash  Assistance | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| * What County is your public assistance case open in? Click here to enter text. | | | | |
| Alimony/Child  Support | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| * What County is your alimony/child support case open in? Click here to enter text. | | | | |
| Student Financial  Assistance | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Income from Self-  Employment | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Net Rental Income | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total:** | | | |  |

**ASSET INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asset Information: List all bank accounts (including Keough accounts, safety deposit accounts, and**  **personal property held as an investment) of ALL household members. PLEASE INDICATE “N/A” FOR**  **ANY AREA THAT DOES NOT APPLY.** | | | | |
| **Asset** | **Family Member**  **(Name)** | **Cash Value** | **Income from**  **Assets** | **Name of Financial**  **Institution** |
| Checking Account(s)  1. Acct #  Click here to enter text.  2. Acct #  Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Savings Account(s)  1. Acct #  Click here to enter text.  2. Acct #  Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Certificate of Deposit  Acct #  Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Cash Back Rewards  From a Bank Account | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Individual Retirement  Account / 401K  Annuity  Acct #  Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Direct Deposit Debit  Card | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Trust Fund | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Mutual Funds  Stocks / Savings Bonds | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Real Estate | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Life Insurance  Term/Whole/Universal  Policy #  Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Recurring Income or  Gifts | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Totals: | | $ Click here to enter text. | $ Click here to enter text. |  |

* Has any household member disposed of any asset that was valued at $1,000 or more within the past 2 years; having sold or given away the item for less than its market value?  Yes  No

If yes, please list the asset and its value under the “other column’ in the listing of assets above.

**HOMELESS SITUATION**

* Are you currently homeless?  Yes  No
* Have you been homeless before  Yes  No
* How many times in the past 3 years have you been homeless? Click here to enter text.
* Please describe your homeless situation including where you stayed and slept over the past week?
* Are you fleeing domestic violence of human trafficking  Yes  No
* Do you have a mental health diagnosis?  Yes  No
* Do you have a disability as defined by HUD\*  Yes  No
* Do you currently or have you had substance abuse issues  Yes  No
* Do you currently owe money to any Section 8 landlord?  Yes  No

If yes, do you have a payment plan?  Yes  No Are you making regular payments  Yes  No

* Have you been evicted from Section 8 housing in the past 5 years  Yes  No

**OTHER INFORMATION**

* What do you want to accomplish while residing at the YWCA (please be specific)? Click here to enter text.
* Are you willing to participate in goal-setting and weekly case management?  Yes  No
* Are you able and willing to find employment?  Yes  No  Other

(Employment is not required to be eligible for all housing programs. However, applicants accepted in Bridge or Transitional programs must be willing to obtain employment.)

* Will you have a vehicle at the YWCA?  Yes  No

Make Click here to enter text. Model Click here to enter text. Color Click here to enter text. Plate # Click here to enter text.

* Do you have childcare expenses?  Yes  No If yes, how much per month? Click here to enter text.
  + Name, address, phone no. of childcare provider: Click here to enter text.
* Have you been convicted of a felony or misdemeanor crime?  Yes  No
* If yes, please explainClick here to enter text.
* Are you currently under parole supervision?  Yes  No

**DOCUMENTS REQUIRED**

The following is a list of documents you **must provide to be considered for housing**. Please attach:

* Birth Certificate Attached?
* Driver’s License/Photo ID/Passport/Visa Attached?
* Social Security Card Attached?

If you require assistance obtaining these documents, please explain below:

Click here to enter text.

**APPLICANT CERTIFICATION AND AUTHORIZATION**

I/we understand the unit I/we will occupy will be my/our only residence. I/we understand the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate federal, state, or local agencies.

By signing this application, you represent and warrant the accuracy of the information above and authorize the YWCA to verify any references and information provided.

**CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION**

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.

*I understand that knowingly supplying false information, incomplete or inaccurate information is punishable under federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of services including tenancy.*

**All adult household members 18 yrs. or older must sign below:**

Click here to enter text.

\*Signature Head of Household Date

Click here to enter text.

\*Signature of Co-Applicant Date

Click here to enter text.

\*Signature of Adult Household Member Date

\*Applicants may sign this application electronically but will be required to execute a signature page prior to housing placement.

**If you require assistance completing this application please contact the**

**YWCA’s Housing and Homelessness Program at 717.234.7931**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For YWCA Program Use Only:**

**ID No.** Click here to enter text.

**Potential Eligibility (Program):** Click here to enter text. **Unit Size Needed:** Click here to enter text.

**Status of Review:** Click here to enter text. **(Approved/Denied)**

**Date Referred to Property Management:** Click here to enter text.

**Program Assigned:** Click here to enter text. **Unit Size:** Click here to enter text.

**Room No.** Click here to enter text.

**YWCA GREATER HARRISBURG**

**HOUSING AND HOMELESS DEPARTMENT**

**Agency Referral – Reference Letter**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (name) has applied for housing at the YWCA Greater Harrisburg.

She is homeless according to the HUD-McKinney-Vento Act. She is a referral for your agency. (Please check the criteria for meeting McKinney-Vento Act requirements)

\_\_\_ Category 1 – Literally homeless

\_\_\_ Category 2 – Imminent risk of homelessness

\_\_\_ Category 3 – Homeless under other federal statute

\_\_\_ Category 4 – Fleeing / Attempting to flee domestic violence

She does not currently meet the McKinney-Vento Act homeless criteria but does not HAP homeless or near homeless criteria.

* Document this individual/family’s homeless situation. If this individual/family currently resides within a program/institution, state the length of residence and the homeless situation directly previous to residence within your program.
* Please answer the following reference questions:

1. Do you recommend case management or other supportive services for this applicant?

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

1. What type of supportive services, if any, do you believe would benefit the applicant?
2. Do you believe the applicant is able to function independently **and** function within a communal living environment? \_\_\_ Yes \_\_\_ No (please explain)

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Based on your experience with the applicant, do you believe the applicant will participate in a goal-oriented program (does not apply to SRO applicants)? \_\_\_ Yes \_\_\_ No
2. Did the applicant demonstrate any violent tendencies while in your program or utilizing services? \_\_\_ Yes \_\_\_ No. If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To your knowledge, has the applicant used or possessed illegal drugs while in your program or utilizing services? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If a residential program/facility, what date did the applicant begin receiving services? \_\_\_\_\_\_
2. If a residential program/facility, what is the applicant’s anticipated date of discharge from your program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Other information you wish to provide in referring this applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Referring Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Referring Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Referring Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS REFERRAL FORM MUST BE PRINTED ON THE REFERRING AGENCY LETTERHEAD IN ORDER TO BE ACCEPTED**

**YWCA GREATER HARRISBURG**

**RESIDENTIAL SERVICES HOUSING GUIDE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Bridge Housing | Transitional Housing | Single Room Occupancy  (Section 8) | Permanent Housing for Women with Disabilities | Safe Haven |
| Length of Program: | 12 months | 24 months | Indefinite – permanent housing | Indefinite – permanent housing | Unspecified duration – supportive housing |
| Current Housing Status: | Literally homeless, near homeless, or  fleeing domestic violence | Literally homeless or fleeing domestic violence | Literally homeless or fleeing domestic violence | Literally homeless or fleeing domestic violence | Literally homeless or fleeing domestic violence |
| Other Program Criteria: | 18 years of age  Ability to work and be employable | 18 years of age  Ability to work and be employable | 18 years of age | 18 years of age  Documented mental or physical disability (adult or child in the household) | 18 years of age  4 incidents of homelessness in past 3 yrs.; and severe mental health diagnosis |
| Housing Population: | Single Women  Women with children | Single Women  Women with children | Single Women | Single Men & Women, and Families | Single Women  Women with Children |
| Case Management Required: | Yes | Yes | No | Yes | Yes |
| Ineligibility Criteria\* |  |  | * Parole * Drug offenses * Eviction from Section 8 within 5 years * Failure to pay Section 8 rent |  |  |
| Income Guidelines  Apply | Yes | Yes | Yes | Yes | Yes |