

LEWIS COUNTY SHELTER PROGRAM  
APPLICATION FOR HOMELESS PREVENTION ASSISTANCE

FAMILY INFORMATION

Head of household name (first, middle, last): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month, day, year) Phone: \_\_\_\_\_

Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Drivers License Number: \_\_\_\_\_ Issuing State \_\_\_\_\_

Ethnicity (for statistics purposes only)

Asian/Asian American  Hispanic  African/American

Native American/American Indian  White  Other  \_\_\_\_\_

Spouse/other adult household member/Significant other's Name (first, middle, last): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month, day, year)

Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Drivers License Number: \_\_\_\_\_ Issuing State \_\_\_\_\_

Ethnicity (for statistics purposes only)

Asian/Asian American  Hispanic  African/American

Native American/American Indian  White  Other  \_\_\_\_\_

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

House/apt. number                      city                                      state                                      zip code

Residence prior to seeking assistance (please select one):

- Car/Other Vehicle  Homeowner  Unsubsidized rental housing   
 Anywhere outside  At a transportation site  Emergency Shelter  Family member's  
 room, apartment or house  HOME subsidized house or apartment  HOPWA  
 subsidized house or apartment  Hospital  Hotel or motel (paid for with voucher)   
 Hotel or motel (paid for without voucher)  Jail  Juvenile detention facility  other  
 subsidized house or apartment  permanent housing for formerly homeless  prison   
 psychiatric facility  Public housing  Section 8  Substance abuse treatment   
 Transitional housing for homeless  shelter plus care  other  don't know

Additional family members:

Name	Age	Sex	Date of Birth	Ethnicity (please list for statistics purposes only)

Reason for request: \_\_\_\_\_

\_\_\_\_\_

Primary Reason for seeking assistance (select only one please):

Mental Illness:  Substance Abuse:  Transient:  Family Crisis:  Economic Reasons:   
Displacement:  Alcoholism:  Medical Problems:  Domestic Abuse/Violence:  Out of  
home youth:  Eviction:  New Arrival:  Other:  Refused:

Have you ever received assistance from our agency? Y  N

Have you ever received housing assistance from another agency? Y  N  If yes, please  
explain and include dates and amount received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our family is requesting assistance with:

Security Deposit  \$ \_\_\_\_\_ First months rent  \$ \_\_\_\_\_ Past due rent  \$ \_\_\_\_\_  
Past due electric  \$ \_\_\_\_\_ Past due heat/fuel  \$ \_\_\_\_\_  
Other (please explain)  \$ \_\_\_\_\_

### ADDITIONAL ASSISTANCE

Which of the following agencies have you applied with to receive assistance?

Community Action Council: Y  N  Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ If ineligible,  
what was the reason? \_\_\_\_\_

Salvation Army: Y  N  Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ If ineligible, what was the  
reason? \_\_\_\_\_

White Pass Community Coalition: Y  N  Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ If  
ineligible, what was the reason? \_\_\_\_\_

DSHS: Y  N  Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ If ineligible, what was the reason?  
\_\_\_\_\_

Love INC: Y  N  Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ If ineligible, what was the reason?  
\_\_\_\_\_

Human Response Network: Y  N  Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ If ineligible,  
what was the reason? \_\_\_\_\_

Other (describe): \_\_\_\_\_  
Y  N  Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ If ineligible, what was the reason?  
\_\_\_\_\_

### INCOME INFORMATION

Are you employed? Y  N  If yes: full time  part time  seasonal  temporary

Hourly wage: \$ \_\_\_\_\_ Hours worked per week: \$ \_\_\_\_\_ Net paycheck (after taxes)

\$ \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Net salary: \$ \_\_\_\_\_

If you receive any of the following please check the appropriate box and list amount

received per month: Social Security  \$ \_\_\_\_\_ TANF  \$ \_\_\_\_\_

Child support  \$ \_\_\_\_\_ GAU/GAX  \$ \_\_\_\_\_ Other  \$ \_\_\_\_\_

