

How to Use This Form

This form allows you to complete the CFH intake application without having to print, complete, and scan it. To respond to the questions, simply click on the field (fields look like blue boxes) and type or select your answer.

Instead of providing physical copies of the required documentation listed on the next page, please either scan it or take a picture of it with your mobile phone. Once you have completed this application, please save it and email it and the picture of your documentation to intake@charlottefamilyhousing.org.

Eligibility Criteria for Program

- Applicant must be a family unit (at least one adult age 18 or older with at least one dependent).
- Applicant must be considered homeless by HUD definition
- All adults age 18 and older must be employed, working 30 hours or more per week.
- Total household income must be less than 80% of AMI (verified by last 30 days of pay stubs).
- Applicant must be Mecklenburg County resident for at least 30 days.
- Applicant must be free from active substance use for at least three months.
- Applicant will be given a criminal background check at time of assessment.
 - Applicants with convicted sex offenses, felonies within the last three years and/or with pending charges are not eligible.
 - Misdemeanor charges and felonies older than 3 years old will be reviewed on a case-by-case basis and may result in ineligibility for the program due the nature or extensiveness of the history
- Applicant demonstrates motivation to make changes in his/her life and is open to partnering closely with a social worker to do so.

Intake Checklist

Please include the following with your electronic submission of this form

- Completed Referral Form
- Identification for all adults (18 years and up)
- Social Security cards for **each** household member
- Birth Certificates for **each** household member
- Proof of Employment (most recent thirty days of paystubs or new hire letter)
- Proof of any other income (for example, last 30 days of paystubs, child support documentation, SSI/TANF benefits)
- Proof of savings (if applicable)
- Proof of homeless status, which may include:
 - Shelter residency letter
 - Eviction notice
 - Third party letter
 - Hotel receipt
- Proof of full-time student status (if applicable)

When you have completed this form, please email it and the above documentation (see instructions on first page) to intake@charlottefamilyhousing.org.

If you have questions, please contact:

Intake Support
704-335-5488
intake@charlottefamilyhousing.org



Intake Referral Form

Referral Source (Please select)

- Self 211 DSS
 CPCC DV Salvation CMS
 Other: _____ Shelter Army

Applicant Information (Anyone over the age of 18 at time of referral)

Name (Last, First)	Relationship to Head	Gender	Race	Ethnicity Hispanic/Non- Hispanic	Date of Birth DD/MM/YY	Social Security Number	Veteran?

Child Information (Anyone under the age of 18 at time of referral)

Name (Last, First)	Relationship to Head	Gender	Race	Ethnicity Hispanic/Non- Hispanic	Date of Birth DD/MM/YY	Social Security Number	School or Daycare Information	Grade



Charlotte Family Housing

Are there additional family members in your household that you wish to include in program entry that you have not already listed?

Yes

No

If yes, please list them below:

Name (Last, First)	Relationship to Head	Gender	Race	Ethnicity Hispanic/Non- Hispanic	Date of Birth DD/MM/YY	Social Security Number	Veteran?

Does your household include pets?

Yes

No

If yes, please list them below:

Pet	Type of Pet	Where is your pet currently living?



Applicant Contact Information

Primary Phone: _____

May we leave a message?

Yes

No

Secondary Phone: _____

May we leave a message?

Yes

No

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Email: _____

By entering my full name below, I am providing my signature authorizing Charlotte Family Housing to contact the above named on my behalf in the event of an emergency.

Signature: _____

Date: _____

Adult Employment Information (Anyone in the household over the age 18 and working)

Name(s)	Employer Name	Position	Start Date	Current Work Schedule	Rate of Pay



Have you previously been in Charlotte Family Housing's program?

Yes

No

If yes, when? _____

Applicant Homelessness Status (At time of referral):

What is the primary reason you are experiencing homeless?
(Ex: Eviction, loss of income, fleeing domestic violence, family breakup, etc.)

What are your barriers to finding housing on your own?

How long have you lived at your current location?

How long can you stay at your current location?

What is the total number of months you have been homeless?

In the past three years, how many times have you been housed and then homeless again?

List the address of the last place you lived in Mecklenburg Co (include current address)

Street Address: _____

City: _____

Zip Code: _____

Are you on the Charlotte Housing Authority waitlist?

Yes

No

Have you ever had a Section-8 voucher?

Yes

No



Have you ever been evicted from a housing authority anywhere in the US?

Yes

No

If yes, please answer the following:

When? _____

Where? _____

Have you ever lived in a housing authority property or had a voucher?

Yes

No

If yes, please answer the following:

When? _____

Where? _____

Why did you leave?

Was the lease in your name?

Yes

No



Legal History

(We will run a criminal background check)

Do you or anyone in your household have any current, pending and/or past arrests or charges?

Yes

No

If yes, please respond to the following:

Who		Dates	
Charges			
Explain what happened that led to the charges			



Charlotte Family Housing

Financial Information

Please enter all sources of income and debt for your household

Monthly Income		Income Start Date		Debts	Amount Owed
Job				Eviction	
SSI/Disability				Duke	
Child Support				PNG	
Alimony				Water	
Unemployment				Credit Cards	
TANF				Student Loans	
Other				Title/Payday	

Please enter all benefits received by your household

Benefit	Amount	Start Date	Who Receives It?
WIC			
Food Stamps (SNAP)			
CCRI			
Medicaid/Medicare			
Private or other insurance			
Other			



Charlotte Family Housing

Monthly Budget

(Applicants must show a workable budget including rent/utilities)

Monthly Income	Gross	Net	Monthly Expenses	Pay Now	Projected
Paycheck 1:			Rent/Mortgage/Hotel		
Paycheck 2:			Electric		
Paycheck 3:			Gas (Piedmont)		
Paycheck 4:			Water Co.		
Paycheck 1:			Food Stamps		
Paycheck 2:			Child Care Expenses		
Paycheck 3:			Child Support PAID		
Paycheck 4:			Car Payment		
Alimony			Car Insurance		
TANF (Work first)			Transportation (Gasoline/Bus Fare)		
Unemployment			Medical		
SSI/SSDI			Clothing		
Child Support			Furniture		
Savings			Storage		
Total Gross	Total Net		Credit Cards/Loans		
Total Other Income			Cable TV		
Total Monthly Income			Laundry		
			Hair/Nails/Barbershop		
			Miscellaneous (Personal hygiene, diapers, tobacco, cleaning supplies)		
			Owe Anyone? Friends/family		
			Other		
Workable	Unworkable		Total Expenses		

A workable budget is described as expenses are less than income received including 30 % gross income for rent/utilities



Client Consent

I have had sufficient time to consider the above information and have asked any necessary questions

I understand the supportive services that will be offered to me and my family

I understand I am required to provide any insurance information necessary to access the Wellness Supportive Services Program

I understand my rights, the limits to confidentiality and the nature of risks and benefits of my partnership with Charlotte Family Housing.

I understand that my participation in Charlotte Family Housing is voluntary and that I may end my participation in the program at any time.

I also understand that if I am not holding up my end of the partnership, Charlotte Family Housing may end my participation in the program.

I understand and agree to be contacted by a CFH staff member for at least 2 years after I leave for the purposes of outcome measurements.

By entering my full name as my signature below, I acknowledge that I have reviewed and agreed to these statements

Signature (adult 1)

Date

Signature (adult 2)

Date

CFH Social Worker

By entering my full name as my signature below, I attest that I have reviewed the above information with the client. To the best of my knowledge the client understands this information and is able to provide informed consent to program services.

Signature

Date