



**DISTRICT 6**

**HRDC**

300 1<sup>st</sup> Ave. N., Suite 203  
Lewistown, MT 59457  
Office: 406-535-7488  
Fax: 406-535-2843  
Website: [www.hrdc6.org](http://www.hrdc6.org)

## **APPLICATION for EMERGENCY HOUSING ASSISTANCE**

For Individuals and Families that are Homeless or At-Risk of Becoming Homeless

**EXCLUDED: Motels, Mortgages, and Federal/State/Local Housing Subsidy Programs, i.e. Section 8 HCV, Project-Based, etc.**

**Provide the following information with your application – incomplete applications and information not provided will result in the delay of processing and/or denial of services:**

- **Application** (completed in full)
- **Photo ID(s)** (ALL adults 18 years of age or older)
- **Social Security card - OR - Birth Certificate**
- **Income Verification - for the past 30 days (ALL household members 18 years of age or older)**
  - Wages / Earned Income (last 2 pay stubs or employer verification)
  - Unemployment / Worker's Compensation
  - Pension / Retirement
  - Veteran's Benefit
  - Social Security & Disability Income (SS/SSI/SSDI Award Letters)
  - TANF / Public Assistance
  - Child Support / Alimony / Adoption Assistance Payments
  - Self-Employment / Business Income
  - Interest / Dividend Income
  - Armed Forces Income
  - Other Income
- **Asset Verification – provide current statement(s) received within the last 30 days for the following:**
  - Checking and savings accounts
  - Stocks, bonds, CDs, money market, other investment accounts, IRA, Keogh, retirement saving accounts
  - Cash value of trust accounts
  - Lump sum payments, inheritances, capital gains, lottery winnings, insurance settlements, etc.
- **Proof of Residence**
  - If you are renting a place, you must provide a **written eviction notice from your landlord.**
  - If you are living with a parent, family member or friend you must provide a **written eviction notice.**
  - If you are homeless and living in a motel/hotel paid by you, you must provide **motel/hotel receipts.**

### **IMPORTANT - PLEASE READ**

- 1) **It may take up to 3-5 business days before you are contacted to review your application.**
- 2) Incomplete applications may delay processing and/or result in denial of services.
- 3) If you are found eligible, an appointment will be made with you to review your housing situation and begin a housing stabilization plan.
- 4) If you do not attend your appointment(s), your application may be denied.
- 5) If you are not found eligible for services, you will be notified verbally and/or in writing.
- 6) Assisted rental units must pass a housing standards inspection.
- 7) Assisted rental units must be found Rent Reasonable and meet Fair Market Rent amounts.
- 8) Payments to landlords may take up to 30 days.



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## APPLICATION for EMERGENCY HOUSING ASSISTANCE

All information requested in the application packet and other required documentation will be kept private and confidential within District 6 HRDC and partner organizations. Much of the personal and financial information collected on this application is necessary to evaluate eligibility for the emergency rental assistance program.

District 6 HRDC offers all programs without regard to race, color, national origin, religion, sex, disability, familial status, marital status, age, creed, or other protected class status.

Emergency housing assistance and services are available to all applicants/citizens on a nondiscriminatory basis and all applicants/citizens have equal access to the financial assistance and services provided through this program.

### APPLICANT INFORMATION

Name \_\_\_\_\_ Contact # (required) \_\_\_\_\_

Address \_\_\_\_\_ Message # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*\* If we are unable to contact you, your application may be delayed for eligibility review and/or denied for services. \*\**

### HOUSING STATUS

Please describe what recent events caused your housing emergency.

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What best describes your housing situation?

- |  |   |
|--|---|
| <input type="checkbox"/> Homeless  | <input type="checkbox"/> Renting - Behind on rent due to COVID-19 |
| <input type="checkbox"/> Very Close to Homeless                          | <input type="checkbox"/> Renting - Behind on rent & being evicted |
| <input type="checkbox"/> Staying at (or Left) an Emergency Shelter       | <input type="checkbox"/> Sleeping on a Friend or Family's Couch   |
| <input type="checkbox"/> Fleeing or Attempting to Flee Domestic Violence | <input type="checkbox"/> Living in a Hotel / Motel                |
| <input type="checkbox"/> Leaving a Jail / Hospital / Other Institution   | <input type="checkbox"/> Stably Housed – Not Being Evicted        |
| <input type="checkbox"/> Other _____                                     |   |

**PLEASE CHECK ONE OR MORE OF THE FOLLOWING:**

	I have moved two or more times in the last 60 days.
	I live in the home of another because of economic hardship.
	I am being evicted from my current housing or living situation within 14-21 days.
	I live in a hotel/motel - not paid by a charitable organization, or by a Federal/State/Local program.
	I live in a single-room or efficiency apartment with two or more people.
	I live in condemned housing not meant for residence.
	I am exiting a health-care facility, mental health facility, foster care or other youth facility, juvenile detention center, jail or prison.
	I am fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions.
	I am at risk of becoming homeless because of COVID-19 and my housing situation is unstable.
	Other – Please explain:

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- How long have you lived in the county/city where you are applying for assistance?  
 • (days, months or years?) \_\_\_\_\_
- How long have you lived in your current rental unit or living situation? \_\_\_\_\_
- How many people live in your household? \_\_\_\_\_ Adults \_\_\_\_\_ Children
- How many times have you been homeless in the past 3 years? \_\_\_\_\_  
 • How many total months where you homeless? \_\_\_\_\_
- Did your landlord or the person you are staying with give you a written 14-21 day eviction notice?  
 Yes  No If yes, when do you have to leave? \_\_\_\_\_
- If you were to lose your current housing and/or living situation, do you have another place to stay?  
 Yes  No If yes, please explain where you can stay \_\_\_\_\_  
 \_\_\_\_\_
- if you lose your housing and can't find a place to live, will you have to live in one of the following?  
 Emergency Shelter  Hotel / Motel  
 Transitional Living Center  Other \_\_\_\_\_  
 Car, tent, street, abandoned building
- What type of place are you living or staying in right now?  
 House  Apartment/Duplex  Mobile Home  Other \_\_\_\_\_

9. How many bedrooms are in your current rental unit or living situation? \_\_\_\_\_
10. If you are living in the home of another person, does that person rent or own the housing unit?  
 Rent \_\_\_\_\_ Own \_\_\_\_\_
- What is the name and contact phone number of the person you are living with?  
 \_\_\_\_\_
11. How recent was the last time you moved? \_\_\_\_\_
12. How many times have you moved in the last 5 years? \_\_\_\_\_
13. How many evictions have you received in the last 3 years? \_\_\_\_\_
14. Have you ever received a poor reference from a landlord?  Yes  No

## RESOURCES & SUPPORT NETWORKS

1. What resources have you already used to help with your situation?  
 Family  Friends  Landlord  Church  Salvation Army  Other  None
- How have these other resource(s) helped you? \_\_\_\_\_  
 \_\_\_\_\_
2. Do you receive Section 8 and/or other subsidized rental assistance?  
 Yes  No If yes, have you contacted your case manager about your circumstances? \_\_\_\_\_
3. Have you received emergency housing assistance from HRDC within the last 12-24 months?  
 Yes  No If yes, when? \_\_\_\_\_ What program helped you? \_\_\_\_\_
4. What family members live in the local area where you are applying for assistance?  
 \_\_\_\_\_
5. Can you live with your nearest family member(s) if you lost your current housing/living situation?  
 Yes  No Please explain \_\_\_\_\_  
 \_\_\_\_\_
6. Can your family, friends and/or a faith-based or other social networks give you money to help with your situation?  
 Yes  No Please explain \_\_\_\_\_  
 \_\_\_\_\_
7. Can your family, friends and/or a faith-based or social networks give you a temporary or permanent place to stay while look for another place to live?  
 Yes  No Please explain \_\_\_\_\_  
 \_\_\_\_\_
8. If you are eligible for assistance, will you be able to pay the next month's rent payment?  
 Yes  No Please explain \_\_\_\_\_  
 \_\_\_\_\_

## HOUSING ASSISTANCE

1. What type of housing assistance do you need?
  - Rental assistance for current or first month's rent
  - Rental assistance for back rent owed
  - Rental Security Deposit
  
2. Do you need help moving in to a new place to live?  Yes  No
  - If yes, have you found new place yet?  Yes  No

**3. Please complete if you are currently renting a place or have found a new place to rent.**

Landlord Name \_\_\_\_\_ Phone # \_\_\_\_\_

Rental Unit Address \_\_\_\_\_

Rent Amount \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

Back Rent Owed \$ \_\_\_\_\_ How many months back rent owed? \_\_\_\_\_

Date of Move In \_\_\_\_\_ How many people live in the unit? \_\_\_\_\_

How Many Bedrooms are in the unit? \_\_\_\_\_

**Type of Rental Unit?**

House  Apartment/Duplex  Mobile Home  Other \_\_\_\_\_

**Did you receive an eviction notice?**

Yes  No **\*\* If yes, you must provide a copy of the eviction notice \*\***

**Do you have a written rental/lease agreement with your landlord?**

Yes  No **\*\* If yes, you must provide a copy of the rental/lease agreement \*\***

**What Utilities do you pay (circle all that apply)?**

Gas    Electric    Water    Sewer    Garbage    Other

## ASSETS

Provide current verification (statements) if you have any of the following:

RESOURCE(S)	CURRENT AMOUNT	ACCOUNT OPEN (YES or NO?)
Cash on Hand		
Checking Account		
Savings Account		
CDs, Investments, Stocks, Bonds, Money Market Accts, Retirement		
Property / Real Estate Value		
Other		

## INCOME

**MONTHLY INCOME** \*\* must be provided for ALL household members, regardless of age or relationship. \*\*

NAME OF PERSON RECEIVING INCOME	DATE	SOURCE(S) OF MONTHLY INCOME	TOTAL GROSS INCOME for the last 30 days

\*\* PROVIDE DOCUMENTATION FOR ALL INCOME SOURCES RECEIVED BY ALL HOUSEHOLD MEMBERS. \*\*

1. Have you, or anyone else in your household, had a sudden reduction of income within the last 30-60 days?  
 Yes  No If yes, explain \_\_\_\_\_  
 \_\_\_\_\_
  
2. Have you, or anyone else in your household, received any money from friends, family, faith-based, charitable organizations and/or other social networks within the last 30-60 days?  
 Yes  No If yes, explain \_\_\_\_\_  
 \_\_\_\_\_
  
3. If you have no income, please explain how you are paying your living expenses.  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Do you have property, other resources or items you could sell to help resolve your housing situation?  
 Yes  No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

## EXPENSES

**MONTHLY EXPENSES** must be provided for ALL household members.

Rent \$	Phone \$	Cable/TV \$	Credit Card \$
Heat/Electricity \$	Car Payment \$	Medical Bills \$	Loans \$
Water / Sewer \$	Car Insurance \$	Health Insurance \$	Entertainment \$
Garbage \$	Child Care \$	Prescriptions \$	Tuition \$
Gas (vehicle) \$	Groceries \$	Internet \$	Child Support \$
Other (Specify)			

- Does somebody else pay some, or all, of your monthly expenses (bills) for you?  
 Yes  No If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT

### EMPLOYMENT STATUS

- |  |   |
|--|---|
| <input type="checkbox"/> Employed full-time (yourself or others) | <input type="checkbox"/> Employed part-time (yourself or others)      |
| <input type="checkbox"/> Homemaker, not seeking employment       | <input type="checkbox"/> Laid off, waiting for call back              |
| <input type="checkbox"/> Disabled, not seeking employment        | <input type="checkbox"/> Job training program (WIA, Voc-Rehab, other) |
| <input type="checkbox"/> Retired, not seeking employment         | <input type="checkbox"/> Attending school and not working             |
| <input type="checkbox"/> Not employed, seeking employment        | <input type="checkbox"/> Not employed, not seeking employment         |

1. Are you looking for work?  Yes  No  
If yes, what type of work are you looking for? \_\_\_\_\_
2. Are you currently unable to work?  Yes  No  
If yes, explain \_\_\_\_\_
3. Do you, or anyone in your household, work for someone who pays cash?  Yes  No  
If yes, explain \_\_\_\_\_
4. Are you registered with Job Service?  Yes  No

### Employment Information

Current Employer \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- How long have you worked at your current employer? \_\_\_\_\_ Years \_\_\_\_\_ Months
- How often do you get paid? \_\_\_\_\_
- When do you receive your next pay check? \_\_\_\_\_
- How many hours do you work (circle one)? \_\_\_\_\_/day / week / month
- Hourly wage? \_\_\_\_\_

## MISCELLANEOUS

- Do you have a valid ID or Driver's License?  Yes  No
- Do you have a Social Security card?  Yes  No
- Do you have a Birth Certificate?  Yes  No
- Do you have reliable transportation?  Yes  No

What are other needs of the individual/family?

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**READ CAREFULLY BEFORE SIGNING**

IF YOU DO NOT UNDERSTAND SOMETHING, PLEASE ASK THE HOUSING PROGRAM MANAGER

- The collection of personal information about applicants and clients is essential to determine eligibility and to the provision of services at District 6 HRDC. Information is collected and stored in the agency Central Database System and/or HMIS. Only District 6 HRDC and its funding sources access this information.
- The information I (we) give here is subject to verification by District 6 HRDC officials. If any information is incorrect, my application may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information. I understand that false statements or information are punishable under Federal Law.
- I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.
- I also understand that if I am denied assistance or if my assistance is terminated that I have the right to appeal this decision by filing a Request for Administrative Review within 15 days of the determination.
- I understand that applications cannot be processed and eligibility cannot be determined without all of the information and documentation requested.
- I understand that if I am determined eligible for assistance, I must meet with a case manager to review my housing situation and begin a housing stabilization plan.
- I understand District 6 HRDC reserves the right to refuse service to any individual.

**All household members 18 years of age and older must sign and date this application:**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



# EMERGENCY HOUSING ASSISTANCE

## **Authorization for the Release of Information**

I hereby give my permission for mutual exchange of information between the emergency housing assistance program at District 6 HRDC and the following agencies, groups, or individuals. In granting such permission I understand that such information will remain confidential and that the following list is not all inclusive:

HRDC Staff and Programs	Schools and Colleges
Referring Agency	Law Enforcement Agencies
Office of Public Assistance/ DPHHS / Social Service Agents	State Unemployment Agencies
Support and Alimony providers	Social Security Administration
Employer (current and previous)	Medical and Child Care providers
Landlord / Property Manager (current and previous)	Veterans Administration
Hotel/Motel	Retirement Systems
SAVES (Spouse Abuse Victim Emergency Services)	Banks and other Financial Institutions
Utility Company (utility assistance only)	Salvation Army
Job Service/ Job Training Programs (WIOA, Voc Rehab, Other)	Local Churches
State Wage Information Collection Agencies	Other _____

### **RELEASE OF EMERGENCY HOUSING ASSISTANCE PROGRAM**

In consideration of services furnished by the emergency housing assistance program at District 6 HRDC, the undersigned hereby releases and discharges said program, its employees and agents, from any liability arising from such services. I understand that my information will be held and maintained in a private, confidential, and secure location.

### **AUTHORIZATION AND CONSENT**

I hereby consent to allow District 6 HRDC's emergency housing assistance program to request and obtain information from the above listed agencies, groups, or individuals for the purposes of verifying my eligibility and level of benefits under the emergency housing assistance program.

I understand that the above and foregoing consent may be revoked by the undersigned at any time, except to the extent that action has been taken or information disclosed pursuant in this consent prior to the date of such revocation. This consent shall remain effective for a period of 12 months unless otherwise specified.

**All household members 18 years of age and older must sign and date this Authorization for the Release Information:**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

## Montana CoC - HMIS & Coordinated Entry Release of Information

### Data Entry Disclosure, Client Consent & Service Matching

#### About HMIS and Coordinated Entry:

The Coordinated Entry System (CES) streamlines and matches available housing and services for people experiencing homelessness. In order to ensure that I am connected to the most appropriate housing that I am eligible for, I will be asked questions about my specific situation.

This agency participates and enters data into the Homeless Management Information System (HMIS), which is a secure online database used by homeless service providers to store personal information, track program and client outcomes. Information entered into HMIS may include my name, social security number, date of birth, gender, race, ethnicity, housing status, Veteran status, income and source, rental history, referrals, referral outcomes, assessment information and services received.

#### What am I agreeing to?

*By agreeing to this document, you acknowledge:*

- The providers participating in Coordinated Entry and/or HMIS agree to maintain confidentiality.
- Information about my household will be shared with and updated by service providers that are assisting me - which may include a case conferencing team that meets on a regular basis.
- Housing information relating to me and/or my household may be shared and updated with landlords and property managers for such purposes as attempting to obtain a lease or resolve landlord/tenant issues (such information may include, but not be limited to, my income and rental history).
- This consent form is completely voluntary and I do not have to agree to authorize any use or disclosure.
- This consent is valid for SEVEN YEARS from the date of signature unless revoked. And I understand that I have the right to revoke this consent at any time by submitting a request in writing. I understand that the revocation will not apply retroactively to any information that has already been shared.
- The Privacy Policy describes the ways in which CES and HMIS client data information may be used or disclosed.  
\_\_\_\_\_ I have received a paper copy of the complete Privacy Policy.
- A list of service providers participating in HMIS and Coordinated Entry and Case Conferencing can be found at <https://www.pcni.org/communities/montana-statewide>, or a printed list is available on my request.

**My signature below indicates that I have read (or been read) the information provided above and have received answers to my questions.**

- YES, I agree to share my household's information for all the purposes listed above and with the providers participating in Coordinated Entry and HMIS.
- I do not agree to my household's personally identifying information being shared with other CES and HMIS providers, but understand it will still be entered in HMIS, and I still wish to be considered for available resources, using a unique identifier rather than my name.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Date

For 2-1-1 use only:

Your verbal consent must be recorded for our records. (press record button).

This call is now being recorded. Please state your name.

Do you agree to share your household's information for all the purposes listed and with the providers participating in Coordinated Entry and HMIS?

**DISTRICT 6 HUMAN RESOURCES DEVELOPMENT COUNCIL**

300 1<sup>ST</sup> Ave. N., Suite 203  
 Lewistown, MT 59457  
 (406)535-7488 (800)766-3018  
 Fax: (406) 535-2843

**HOUSEHOLD ADDRESS INFORMATION**

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Housing Type: Single Family (house) \_\_\_\_\_ Multi-Unit (apartment) \_\_\_\_\_ Mobile Home \_\_\_\_\_ Homeless \_\_\_\_\_ Live with friends or family \_\_\_\_\_ Other \_\_\_\_\_  
 Do you Rent \_\_\_\_\_ or Own? \_\_\_\_\_

**LIST ALL PERSONS LIVING IN YOUR HOME**

Use the codes listed below

LAST NAME	FIRST NAME	MI	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	DATE OF BIRTH M / D / YR	GENDER	ETHNICITY	RACE	TRIBAL MEMBER YES/NO	MILITARY STATUS	DISABLED YES/NO	HEALTH INSURANCE (CHECK ALL THAT APPLY)	EMPLOYMENT STATUS	SCHOOL YES/NO	LAST GRADE COMPLETED	IN EDUCATION/ LITERACY TRAINING Y/N
			SELF/ HEAD OF HOUSE									<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK				
												<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK				
												<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK				
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												<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE <input type="checkbox"/> HMK				

**RACE CODES (You may choose more than one)**  
 AI = Native American/Alaskan  
 AS = Asian  
 BL = Black or African American  
 HIPI = Hawaiian or Pacific Islander  
 W = White

**ETHNIC CODES**  
 H = Hispanic or Latino  
 NH = Non-Hispanic/Latino

**EMPLOYMENT STATUS**  
 FT = Full-Time employment  
 PT = Part-Time employment  
 U = Unemployed  
 US = UNEMPLOYED SHORT TERM 6 MTHS OR LESS  
 UL = UNEMPLOYED LONG TERM 6 MTHS OR MORE

**MILITARY STATUS**  
 V = VETERAN  
 A = ACTIVE MILITARY  
 N = NONE OF THE ABOVE

**BASIC INTAKE FORM – page 2**

**INDICATE ALL MONTHLY INCOME and/or NON-CASH BENEFITS - received by all household members, regardless of age or relationship.**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Wages / Earned Income                        | <input type="checkbox"/> Property Income              | <input type="checkbox"/> Child Support    | <input type="checkbox"/> Other Source / Explain: |
| <input type="checkbox"/> Social Security Retirement (SS)              | <input type="checkbox"/> Investment / Interest Income | <input type="checkbox"/> Alimony Payments | _____  |
| <input type="checkbox"/> Supplemental Security Income (SSI)           | <input type="checkbox"/> Educational Grants           | <input type="checkbox"/> TANF             | _____  |
| <input type="checkbox"/> Social Security Disability Income (SSDI)     | <input type="checkbox"/> Self-Employment              | <input type="checkbox"/> SNAP             | _____  |
| <input type="checkbox"/> Veteran's Pension or Disability payment (VA) | <input type="checkbox"/> Worker's Compensation        | <input type="checkbox"/> Cash-Spot Jobs   | <input type="checkbox"/> No Financial Source(s)  |
| <input type="checkbox"/> Retirement / Pension from former job         | <input type="checkbox"/> Unemployment Insurance       | <input type="checkbox"/> Cash-Gifts       | _____  |

**LIST MONTHLY INCOME**

NAME OF PERSON RECEIVING INCOME	DATE	SOURCES OF MONTHLY INCOME (EXAMPLE - SOCIAL SECURITY, WAGES, ETC.)	TOTAL GROSS INCOME FOR THIS MONTH
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**PLEASE READ THE FOLLOWING AND SIGN AND DATE WHERE INDICATED.**

◆ The collection of personal information on clients is essential to the provision of services at District 6 HRDC. Information is collected and stored in the agency Central Database System. Only District 6 HRDC and its funding sources access this information.

◆ I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

**Applicant Signature** \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FOR OFFICE USE ONLY
CDS HH# _____
DATE ENTERED _____
PROGRAM INITIALS _____

## PRIVACY POLICY NOTICE

# Montana CoC HMIS and Coordinated Entry



*ending homelessness in Montana*

*“We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve our services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.”*

[ Note to reviewers: The privacy notice is a responsibility of the partner agency but the CoC is responsible for monitoring and ensuring agencies are in compliance. Any agency conducting any assessment must have, at a minimum, a publicly posted policy notice that contains the information above. Most agencies, however, have even more extensive privacy requirements. This notice does not need to be posted if a local agency’s notice contains similar information. ]