



Office of Refugee & Immigrant Assistance (ORIA)
Housing Stabilization Services
Short-Term Housing Assistance
Application & Needs Assessment for Assistance

Agency:		Intake Staff:		Intake Date:	
A. Applicant Information					
Last Name		First Name			
Address: Street, Apt # City, Zip code					
Phone (cell/home)		E-mail			
Date of Arrival		Alien #			
Immigration Status (verify with approved documentation):					
Refugee	Asylee	SIV	Victim of Trafficking	Amerasian	Cuban/Haitian
Afghan Humanitarian Parolee		Ukrainian Humanitarian Parolee			
Country of Origin					
Household Composition (please list all people living in household):					
Name (Last, First)			Age	Relationship To Applicant	
B. What Service is Being Requested?					
<i>Please describe why assistance is needed (i.e. lost job, income is insufficient to pay full rent/utilities, etc).</i>					

How has the Contractor assisted the applicant with other sources of funding for rental/utility payments, or when asked, what other resources did the applicant report s/he has received?

C. All Applicants Must Provide The Following:

Immigration Verification (I-94, green card, travel letter, doc. re: asylee status, etc).

DSHS Consent Form, if applicant does not have a current one on file.

Document(s) verifying assistance needed (bills showing amount owed for rent, utilities, etc)

HSS Enrollment and Attestation Form

Verification of financial need (earned/unearned income vs. expenses)

D. Info & Documents Required for Rental & Utility Requests

Copy of Lease, obtain pages with applicant's name, address, lease date and monthly rent amount. IRS form W-9 must be submitted when amount reaches \$700.

Are utilities included in the rent amount? Yes No

Copy of Utility bills, balance owed Copy of Internet Service bill, balance owed

E. For Emergency Supplies and Personal Protective Equipment

What supplies are requested by the participant? What supplies were provided?

F. Other Requests, (must receive ORIA approval) please explain:

G. Total Amount Approved (Cash or checks given/written to the applicant is prohibited)

\$

If providing assistance for more than one need, please list breakdown of costs paid:

What portion of the costs (housing costs & utilities) will this amount cover?

List dates, Third Parties and Amounts Paid on behalf of participant:

Method and Delivery of payment: (i.e. check/mailed, electronic deposit, check delivered to Third Party, etc).

Notes:

H. Verification of Financial Need- Budget must be completed

Monthly Income <i>(please include earned/unearned income from all adult members in the household (relatives & non-relatives))</i>		Monthly Expenses	
Employment Income	\$	Rent	\$
TANF/RCA Cash Benefits	\$	Food (average)	\$
SSI or Aged-Disability Asst.	\$	Utilities	\$
Food Assistance (SNAP)	\$	Internet/Phone/Cable	\$
Other Cash Benefits	\$	Transportation	\$
Bank Account Balances	\$	Medical Bills	\$
Unemployment Insurance	\$	Childcare	\$
Housing Subsidy	\$	Household items	\$
Childcare Subsidy	\$	Credit Card Payments	\$
Other Earned/Unearned Income	\$	Loan Payments	\$
		Other (Details)	\$
		Other (Details)	\$
Enter TOTAL	\$	Enter TOTAL	\$

I attest that everything included in this application and assessment is true and accurate.

Client Name: _____ Date: _____

Signature: _____

Note: If applicant signature is not on form, the Case Manager/Contractor attests Verbal Consent requirements (below) were met.*

Manager Name: _____ Date: _____

Interpreter Name (if applicable): _____

***Verbal Consent:** The Contractor may interview the applicant remotely to complete the form based on the responses from the applicant. However, verification of income and expenses must be obtained by the Contractor for completion of the budget. The Contractor may obtain verbal consent in lieu of a signature so that support services can be provided expediently, however, the participant must be provided a copy of a form via mail or if using email the document must be encrypted to protect client information.