



Application Packet

Included

- Qualifying Disability and Homelessness Verification
- Application
- Statement of Independence
- Third Party Unhoused Verification Letter

Please include the following with this application

- A Copy of a Photo ID
- Income Verification

PERSONAL INFORMATION

Complete Legal Name _____
First *Middle* *Last*

Date of Birth _____

Place of Birth _____

Social Security # _____ - _____ - _____

Driver's License/State ID # _____ State of Issuance _____

Please provide a copy of your current identification card with this application.

Email Address _____

Cell Phone # _____ Work Phone # _____

CASE MANAGEMENT INFORMATION

Do you currently have a Case Manager? _____ Yes _____ No

Case Manager Name: _____

Agency: _____

Phone #: _____

Email: _____

1. QUALIFYING DISABILITY AND HOMELESSNESS VERIFICATION

Eden Village defines a chronically homeless person as - ***an unaccompanied unhoused person (a single unhoused person who is alone and is not part of an unhoused family and not accompanied by children) with the following***

Part I - A Disabling Condition. Check the Appropriate Box(es)

Do you have any disabilities? ☐ Yes ☐ No

<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Physical/Medical
<input type="checkbox"/>	Alzheimer's/Dementia	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	Physical/Mobility
<input type="checkbox"/>	Cognitive	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Visual
<input type="checkbox"/>	Developmental	<input type="checkbox"/>	Mental Handicap/Injury	<input type="checkbox"/>	Speech
<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	

List any disabling condition you have that is not listed above:

What medical or mental diagnoses do you have?

Are each of the disabilities you listed above expected to be of a long, continued, and indefinite duration and substantially impair your daily life? If no, please list which do not.

Which of the above disabilities are you currently receiving treatment for?

Part II - Duration in Tulsa Metro Area

Do you currently live in the Tulsa metropolitan area? ☐ Yes ☐ No

How many years have you lived in the Tulsa metropolitan area? _____

Part III - Chronically Homelessness Status. (Check One)

☐ Yes ☐ No

Have you been continuously homeless for a year or more. HUD defines "homeless" as "a person sleeping in a place not meant for human habitation e.g. living on the streets for example OR living in a homeless emergency shelter.

☐ Yes ☐ No

Have you had four (4) episodes of homelessness in the last three (3) years. HUD defines "homelessness" as "sleeping in a place not meant for human habitation e.g. living on the streets for example OR living in a homeless emergency shelter.

Part III is supported by obtaining Third Party Verification Letters, which verifies dates and locations of your homelessness. Third party verification is Eden Village's preferred method of certifying chronic homelessness for the person applying for housing. **The following are acceptable places that can provide verification of your homelessness.**

We accept Verification Letter(s) from:

- an emergency shelter for the unhoused person.
- an unhoused service provider or outreach worker.
- any other health or human service provider.
- Business owner
- Past Case Manager
- A fellow unhoused person
- Verification self-statement signed by the client.

Please provide a copy of your verification letters(s) with this application. SEE SECTION 4.

2. APPLICATION

HEALTH & SAFETY

1. Do you have or ever had a healthcare provider tell you that you have any of the following health conditions? Check those that apply to you.

<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Chronic or ongoing physical illness
<input type="checkbox"/> Long continuing alcohol abuse	<input type="checkbox"/> Chronic or ongoing depression
<input type="checkbox"/> Long continuing drug abuse	<input type="checkbox"/> Post-Traumatic stress disorder (PTSD)
<input type="checkbox"/> Physical disability Illness	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Mental disability	<input type="checkbox"/> Mental Illness Diagnosis
<input type="checkbox"/> Developmental disability	<input type="checkbox"/> None

2. Do you have any ongoing health problems, medical conditions, or disabilities?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Unsure	<input type="checkbox"/> Prefer not to answer

If you answer "yes" please specify: _____

3. Do you have any diagnosed mental health disorders?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Unsure	<input type="checkbox"/> Prefer not to answer

If you answer "yes" please specify: _____

4. Does your disability, medical condition, or mental health diagnosis require you to seek help or assistance in order to live independently?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Would your mental, physical, or emotional health be improved if stable housing was provided?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Have you attempted to harm yourself or others?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. Have you had any recent thoughts of killing yourself or anyone else?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. Do you see or hear things other people cannot see or hear?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. In the last 6 months, check how many times have you:

a. Received health care at an emergency department?

_____ 0 _____ 1 _____ 2 _____ 3 _____ 4 or more

b. Taken by ambulance to a hospital?

_____ 0 _____ 1 _____ 2 _____ 3 _____ 4 or more

c. Been admitted into hospital?

_____ 0 _____ 1 _____ 2 _____ 3 _____ 4 or more

d. Used a crisis service including mental health crisis, sexual assault, family/intimate violence, distress centers, and/or suicide prevention hotline or center.

_____ 0 _____ 1 _____ 2 _____ 3 _____ 4 or more

e. Encountered/interacted with law enforcement?

_____ 0 _____ 1 _____ 2 _____ 3 _____ 4 or more

f. Stayed one or more nights in a holding cell, jail, or prison for any reason at all?

_____ 0 _____ 1 _____ 2 _____ 3 _____ 4 or more

g. Participated in Alcoholics or Narcotics Anonymous or Celebrate Recovery group meetings?

_____ 0 _____ 1 _____ 2 _____ 3 _____ 4 or more

h. Seen a medical provider for a general outpatient visit?

_____ 0 _____ 1 _____ 2 _____ 3 _____ 4 or more

i. Seen a medical provider for a mental health outpatient visit?

_____ 0 _____ 1 _____ 2 _____ 3 _____ 4 or more

j. Seen a medical provider for substance abuse treatment?

_____ 0 _____ 1 _____ 2 _____ 3 _____ 4 or more

10. Are you a smoker? _____ Yes _____ No

11. Do you have a medical marijuana license or do you take any controlled substances that are prescribed to you? _____ Yes _____ No

12. Do you currently have any drug or alcohol addiction issues?

_____ Yes _____ No

If so, what's your drug or drink of choice?

- a. _____
- b. _____
- c. _____
- d. _____

13. What ages did you first start using drugs and drinking alcohol?

- a. Substance or alcohol type: _____ Age first used: _____
- b. Substance or alcohol type: _____ Age first used: _____
- c. Substance or alcohol type: _____ Age first used: _____
- d. Substance or alcohol type: _____ Age first used: _____

14. Would you be willing to submit to a drug test?

_____ Yes _____ No

15. Have you had an incident of bed bugs in the last 12 months?

_____ Yes _____ No

16. Do you have the following End of Life Documents? Check all that apply

- _____ Declaration of Guardian
- _____ Directive to Physicians
- _____ Durable Power of Attorney
- _____ HIPAA Release
- _____ Death Certificate Information Sheet

17. Have you ever been attacked since you became unhoused?

_____ Yes _____ No

18. Are you a victim or survivor of domestic violence?

_____ Yes _____ No

HEALTHCARE

1. Do you currently have health insurance? _____ Yes _____ No

If so, which program(s):

_____ Medicaid

_____ VA Medical Services

_____ Medicare

_____ Employer Provided

_____ Private Pay

2. Do you have a primary care provider? _____ Yes _____ No

If so, who (*include location*) _____

3. Do you have a mental healthcare provider? _____ Yes _____ No

If so, who (*include location*) _____

LEGAL

1. Do you currently have any outstanding warrants for your arrest?

_____ Yes

_____ No

If yes, please explain: _____

2. Are you currently on probation? _____ Yes _____ No

3. Do you have any pending court dates in the future? _____ Yes _____ No

4. Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain: _____

5. Have you ever been arrested and/or convicted of domestic violence?

_____ Yes

_____ No

If yes, please explain: _____

6. Are you a registered sex offender? _____ Yes _____ No

7. Have you been evicted from housing in the past? _____ Yes _____ No

If yes, when: _____

FINANCIAL

INCOME

List all sources of income and expenses. Sources of Income must be verifiable. **Please provide copies of documentation (i.e., pay stubs)** that will assist us in verifying a stable source of income.

Earned Income (Job)	\$
Unemployment Insurance	\$
Supplemental Security Insurance (551)	\$
Social Security Disability Insurance (5501)	\$
VA (Service Connected Disability)	\$
VA (Non-service Connected Disability)	\$
Private Disability Insurance	\$
Worker's Compensation	\$
General Assistance	\$
Social Security Retirement	\$
Pension/Retirement from job	\$
Child Support	\$
Alimony/Spousal Support	\$
Other Source	\$
Other Source	\$
SNAP (Food Stamps)	\$
WIC	\$
Section 8, Public Housing or other on-going rental assistance	\$
Temporary Assistance	\$
TOTAL	\$

If you are employed, please list where you work, how long you have worked there, and your employment status (*full time, part time*)

Current Employer: _____ Time Employed: _____

EXPENSES

Phone	\$
Car Payment/Insurance/Maintenance	\$
Food	\$
Transportation/Gasoline	\$
Medical (Doctor, prescriptions, etc.)	\$
Other -	\$
Other -	\$
TOTAL	\$

Do you own a car that will be parked on property? _____ Yes _____ No

If you answered yes, you will be required to provide a copy of your vehicle registration and insurance with this application. Please note that vehicles are prohibited from parking on the premises if they are inoperable, have no license plate, no current registration, or no current registration sticker.

CULTURAL

Gender Identity (check those that apply):

_____ Male

_____ Transgender

_____ Female

_____ Non-binary

_____ Other: _____

_____ I do not wish to answer

I identify my ethnicity as:

_____ Asian or Pacific Islander

_____ Black or African American

_____ White or Caucasian

_____ Hispanic or Latino

_____ Native American or Alaskan Native

_____ I do not wish to answer

Relationship Status:

<input type="checkbox"/> Single, never married	<input type="checkbox"/> Separated
<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
<input type="checkbox"/> Married	<input type="checkbox"/> In a relationship, living alone
<input type="checkbox"/> Widowed	<input type="checkbox"/> In a relationship & living with partner

By signing this application, I guarantee the accuracy and completeness of the information provided. I also give The Gathering Tree permission to have a Public Data Search and a criminal background check conducted on me.

X _____	____/____/____
Applicant signature	Date

3. STATEMENT OF INDEPENDENCE

Eden Village of Tulsa is a 501(c)(3) non-profit organization and is designed to provide independent, affordable, sustainable housing with dignity to those who are experiencing chronic homelessness. Chronic homelessness is defined as being continuously homeless for one year or more or being homeless at least four times for long durations over the past three years or living in a place not meant for human habitation.

It is the expectation that all applicants will be able to live independently as single occupants in a home in a community environment. The occupant(s) will be expected to maintain a clean and orderly home. **Eden Village staff will make random and periodic inspections to ensure the home is kept in an orderly fashion.**

Eden Village does not provide case management services or counseling. (Medical or psychiatric care, house cleaning, transportation, etc.) Most of the services that an applicant may need will be obtained from outside sources and made available in the Eden Village's Community Center.

Eden Village and applicant(s) acknowledge that it is very difficult to live on a limited income. It will be important for the applicant(s) to understand what other services are available in the city that would help offset the cost of everyday living.

By signing this document, I attest that I am financially, physically, emotionally, and mentally fit to live independently as set out above. All information provided is true and accurate. I understand that any inaccuracy or incomplete information provided could cause my application to be rejected.

X _____ / ____ / ____
Applicant's Signature Date

4. THIRD PARTY CHRONIC HOMELESSNESS VERIFICATION

The following are acceptable places that can provide verification of your homelessness.

We accept Verification Letter(s) from:

- an emergency shelter for the unhoused person.
- an unhoused service provider or outreach worker.
- any other health or human service provider.
- Business owner
- Past Case Manager
- A fellow unhoused person
- Verification self-statement signed by the client.

*Make every effort to complete BOTH sections of the **Third Party** or the **Self-certification sections**.*

Name of person being verified as unhoused: _____

THIRD PARTY VERIFICATION

Case Manager's Name: _____ Date: ____ / ____ / ____

What is your relation to the person being verified as homeless:

Where have you witnessed the client to be homeless (*specific location*):

List the dates when you've witnessed the client to be homeless list dates [MM/YYYY] to [MM/YYYY]:

By signing below I certify that the information presented in this application is true to the best of my knowledge. I understand that false or misleading information may result in termination of housing.

CASE MANAGER CERTIFICATION

I understand that third party verification is the preferred method of certifying chronic homelessness for an individual who is applying for housing.

X_____ Date ____/____/____

Case Manager Signature

Case Manager Printed Name