



One Village One Family Financial Expectations for Sustainable Housing

- To ensure families can sustain stable housing, they must meet the below guidelines.
- If the family meets these guidelines, please move on to the “Pre-Qualification Questions.”
- If a family *doesn't* meet these guidelines and wants help with gaining employment, please refer them to Brandon, Homeward Alliance’s “Hand Up” employment Case Manager: **(970) 439-1814** or **brandon@homewardalliance.org**. We would love to help them work towards qualifying and be able to consider them for One Village One Family in the future!

# of Rooms	1 Bedroom	2 Bedroom	3 Bedroom
Average Housing Cost	\$1,000	\$1,100	\$1,350
Total Gross Income/Benefit Expectation	\$2,000	\$2,200	\$2,700

*Please remember that Fort Collins has a two-heartbeats per bedroom guideline that we must follow.

*If you are counting any kind of benefits as income (TANF, SNAP, etc.), it needs to be a benefit you will be receiving for at least a year after filling out the application.

Questions? Contact:

Diane Matthews, One Village One Family Program Manager
970-829-8934 or diane@homewardalliance.org



One Village One Family Pre-Qualification Questions

This section should be filled out by a referral agency or the OVOF Program Manager. To save the family time, before having them fill out the full One Village One Family Application please ask the following seven questions to make sure they qualify. If they answer “no” to any of questions 1-5 or “yes” to any of question 6-7, they are not a candidate for this program.

1. Are you willing and committed to meet with a supportive team in the community at a minimum of seven times and be generally receptive to receiving support and guidance over at least a 6-month period after being approved?
YES or **NO** *(circle answer for each question)*
2. Do you have legal custody of children, age 17 or younger living with you?
YES or **NO**
3. Do you have a combination of steady and sustainable resources (see list below) that would allow you to make monthly rental payments? Please refer to financial expectation sheet.
 - Income from employment, non-expiring aid (not exclusively including TANF, unemployment, or other forms or temporary support), a housing voucher**YES** or **NO**
4. Are you willing to meet with GreenPath (budget and financial counseling) within the first three months of being in OVOF?
YES or **NO**
5. Do you want housing in Fort Collins or the surrounding area?
YES or **NO**
6. Do you have any violent or sexual crime convictions in the last three years?
YES or **NO**
7. Are you in a current lease, including a month-to-month lease or own a home?
YES or **NO**

Referring Agency _____ Agent Signature _____ Date _____

Family Caregiver Name _____ Signature _____

Family Caregiver Name _____ Signature _____

When the full application is complete, turn-in by email to diane@homewardalliance.org or in-person to the Murphy Center front desk; 242 Conifer Street, Fort Collins.

Questions? Contact Diane Matthews at 970-829-8934 or diane@homewardalliance.org



One Village One Family Full Application

To be filled out by family or referring agency. Please fill out all information completely, accurately, and honestly. Please respond in some way to all questions.

Date: _____ Person (helping with application, if applicable): _____

First Adult Applicant

First Name: _____ Last Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Gender: _____ Primary Language Spoken: _____

Race/Ethnicity: _____ Highest Level of Education Completed: _____

Are you a U.S. Armed Forces Veteran? _____ Do you have a disability? _____

What is your family caregiver status: Single Caregiver _____ Dual Caregiver _____

Where are you currently residing?

- ___ Shelter/Transitional Housing (includes Faith Family Hospitality, Catholic Charities)
- ___ Motel/hotel
- ___ With family/friends
- ___ Outside or in a vehicle
- ___ Other (explain): _____

How long are you able stay where you currently reside? _____

How long have you been homeless? _____ How many times have you been homeless? _____

Employment Status (if currently employed):

Current Employer: _____ Job Title: _____ Start Date _____

Full Time, Part Time, Day Labor? _____ Temporary or Permanent? _____

Employment History (previous two employers):

Employer: _____ Job Title: _____ From _____ To _____

Employer: _____ Job Title: _____ From _____ To _____

Vehicle Information:

Do you own or lease a vehicle? _____ Number of vehicles? _____ Monthly Car Payments: \$ _____

Number of Months Remaining on Car Loan: _____ of _____ month loan total

Insurance Provider and Payment: _____

Second Adult Applicant (if applicable)

First Name: _____ Last Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Gender: _____ Primary Language Spoken: _____

Race/Ethnicity: _____ Highest Level of Education Completed: _____

Are you a U.S. Armed Forces Veteran? _____ Do you have a disability? _____

What is your family caregiver status: Single Caregiver _____ Dual Caregiver _____

Where are you currently residing?

Shelter/Transitional Housing (includes Faith Family Hospitality, Catholic Charities)

 Motel/hotel
 With family/friends

 Outside or in a vehicle
 Other (explain): _____

How long are you able stay where you currently reside? _____

How long have you been homeless? _____ How many times have you been homeless? _____

Employment Status (if currently employed):

Current Employer: _____ Job Title: _____ Start Date _____

Full Time, Part Time, Day Labor? _____ Temporary or Permanent? _____

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Vehicle Information:

Do you own or lease a vehicle? _____ Number of vehicles? _____ Monthly Car Payments: \$ _____

Number of Months Remaining on Car Loan: _____ of _____ month loan total

Insurance Provider and Payment: _____

Children Living in Household

Name	Birthdate	Gender	Race/Ethnicity	Disability? (yes/no)

Do you have pets? _____ **If yes, how many?** _____ **What type and/or breed?** _____

Additional Questions

Please estimate how much you think you can contribute to your security deposit: \$ _____

Have you ever had a foreclosure? _____
If yes, when? _____

Have you ever been evicted? _____
If yes, when? _____
What fees do you owe? _____

Previous Landlord's Name, Address, and Phone Number: _____

Are any of your children currently in school? If so, what schools do they attend?

Please share how you and your family ended up without a home (Please be as detailed as possible):

Disclosure of Substance Abuse and Criminal History Information

Please provide information regarding any substance abuse, criminal history, and court-ordered rehabilitation/probation programs in the spaces provided below. Having a history of substance abuse or having a history of involvement in the criminal justice system does not automatically exclude you from the program, however, providing false information about your history could prevent you from being accepted into OVOF.

Please provide any prior names used by anyone who will be living in your household (e.g., aliases, maiden names, etc.): _____

Please list, from *all states* in which there may have been **legal matters or records**, including any and all traffic, civil, and felony/misdemeanor records for yourself, your partner, or your dependents including the dates of each matter and a description of the action.

Household Member's Name	Description of Offense	State and County of Offense	Date	Length of Incarceration

Please list any **substance abuse issues** for yourself, your partner, or your dependents, both past and current.

Household Member's Name	Description	Current or Past?	Length of Sobriety (if applicable)

Please list any **rehabilitation, parole, or counseling** programs in which you, your partner, or your dependents have or are currently participating in for reasons related to drugs, alcohol, or for any criminal activity.

Household Member's Name	Program	Start Date	End Date	Attendance	Contact Name	Contact Number

Personal Budget Plan

Other than net income for each caregiver, provide total family information per line.

Please estimate your expenses in each column based on **when you move into housing.**

INCOME		
Net Pay Per Month (Earned Income) (Adult 1)	\$	
Net Pay Per Month (Earned Income) (Adult 2)	\$	
Unemployment Insurance	\$	
Social Security Disability (SSDI)	\$	
Supplemental Security Income (SSI)	\$	
Aid to the Needy and Disabled (AND)	\$	
Old Age Pension (OAP)	\$	
Child Support	\$	
Temporary Assistance to Needy Families (TANF)	\$	
Food Stamps/SNAP	\$	
Other Income:	\$	
TOTAL INCOME	\$	
EXPENSES		
Rent/Housing (expected; max 60% of income) <i>estimate</i>	\$	
Electricity/Gas <i>estimate</i>	\$	
Water <i>estimate</i>	\$	
Trash <i>estimate</i>	\$	
TV/Internet <i>estimate</i>	\$	
Phone (landline and/or cell)	\$	
Groceries/Food	\$	
Hygiene Items (e.g., diapers, toilet paper)	\$	
Car Payment	\$	
Gasoline	\$	
Insurance and Registration	\$	
Car Repairs	\$	
Bus Passes	\$	
Child Care	\$	
Child Support	\$	
Clothing	\$	
Health Insurance	\$	
Medical Expenses (e.g., co-pays, medications)	\$	
Pet Expenses	\$	
Recreation/Entertainment	\$	
Cigarettes/Alcohol	\$	
Savings	\$	
Debt/Loan Payment	\$	
Other Expense:	\$	
TOTAL EXPENSES	\$	
NET GAIN/LOSS (income minus expenses)	\$	

Please provide with your application:

- Copies of last 4 pay stubs
- Copies of proof of benefit amounts for any income that would be used to pay rent

Do you have a subsidized housing voucher?

Yes How much will it pay? _____
 No

Debt

Do you have ANY debt to a past Utility or Landlord/Lease? If so, please list.

Utility Owed _____ Amount _____

Landlord/Lease Owed _____ Amount _____

Please list all sources of outstanding debt and amounts for items NOT listed on the budget.

Owed _____ Amount _____

Owed _____ Amount _____

Owed _____ Amount _____

Owed _____ Amount _____

Owed _____ Amount _____

Have you ever declared bankruptcy? Yes No

Needs Assessment:

Social/Relational

1. What are some uncertainties or fears that you have about the Village?

2. Rate your desire for professional counseling for any difficulties in your life.

I consider this (circle one): Critical Important Desirable Unnecessary
This need is (circle one): Immediate Before 30 days 30 – 60 Days 60+ Days

3. Rate your need for any childcare/daycare provisions.

I consider this (circle one): Critical Important Desirable Unnecessary
This need is (circle one): Immediate Before 30 days 30 – 60 Days 60+ Days

4. Rate your desire for any of your children to be involved in an activity like a sport's team, school club, or recreational program.

I consider this (circle one): Critical Important Desirable Unnecessary
This need is (circle one): Immediate Before 30 days 30 – 60 Days 60+ Days

Economic/Educational

1. Rate your desire for guidance in pursuing child support assistance.

I consider this (circle one): Critical Important Desirable Unnecessary
This need is (circle one): Immediate Before 30 days 30 – 60 Days 60+ Days

2. Rate your desire for a tutor to help any of your children with difficult subjects or schoolwork.

I consider this (circle one): Critical Important Desirable Unnecessary
This need is (circle one): Immediate Before 30 days 30 – 60 Days 60+ Days

Physical/Material

1. Please describe any current mental/physical treatments for you or your family members.

2. What factors are hindering you from locating and/or moving into housing?

3. Rate your need for transportation assistance.

I consider this (circle one): Critical Important Desirable Unnecessary
This need is (circle one): Immediate Before 30 days 30 – 60 Days 60+ Days

4. Rate your desire for help in locating an affordable apartment or house.

I consider this (circle one): Critical Important Desirable Unnecessary
This need is (circle one): Immediate Before 30 days 30 – 60 Days 60+ Days

5. Rate your need for household and furniture items.

I consider this (circle one): Critical Important Desirable Unnecessary
This need is (circle one): Immediate Before 30 days 30 – 60 Days 60+ Days

Please list what you would need for your home:

6. If Homeward Alliance were able to help you with food, hygiene items, diapers, and clothing would you be interested in learning more about this?

Yes _____ No _____

7. What goals would you like to accomplish for your family?

8. Is there any additional information you would like your Village to know?

One Village One Family Family Checklist & Program Agreement

Requirements for OVOF Program:

- The family is willing and committed to meet with a Village in the community at a minimum of seven times and be generally receptive to receiving support and guidance over at least a 6-month period after being approved
- The family has at least one child age 17 or younger living in the household
- The family does not currently have a rent/lease agreement in their name
- The family has a source of verifiable and sustainable income or funding to support rental and other normal household expenses
- The adults in the family do not have recent felony charges or convictions for a violent or sexual crime
- The family is willing to meet with GreenPath within the first three months of being in OVOF

The Village will provide the following:

1. Will provide background checks to Homeward Alliance and go through training on how to provide support to the family.
2. Guidance toward greater self-sufficiency & financial independence.
3. Relational support as desired and needed.
4. Help you achieve goals set in the preliminary meetings with your team.
5. Go over program curriculum in monthly meetings.
6. Raise money to assist family with rental deposit requirement.

As a participant in the program, you understand or agree to:

1. Express earnest interest in developing a relationship with the Village.
2. Contribute a portion toward the move-in costs (typically, a deposit and first month's rent) of an apartment.
3. If I sign a lease prior to OVOF program approval, I will forfeit my application approval.
4. Meet, as a whole family, with the Village at least once a month for at least 6 months and follow through with the commitment to have contact with a Village Lead (by phone or in-person) for a period of six months.
5. Set goals and be accountable to the Village on progress toward established goals.
6. I understand that a copy of this application, credit history information and background checks of my family may be provided to the Village, and I give my consent to the disclosure of the information contained in my application.

I agree that the information I provided on the OVOF Application is true and accurate and that I understand and agree to the program requirements and my responsibilities if I am accepted into the program. I also agree to hold harmless Homeward Alliance and the One Village One Family Program and its staff and volunteers as well as the Village that I will be working with from any claims, liability, losses or damages that may arise from the request and usage of my information or services provided.

I hereby grant the Homeward Alliance & the One Village One Family Program the right to use my name, likeness, and voice in a videotaped production or still photographs to promote or inform the public about the program.

The release shall extend to any and all remarks and reissues of the video production or photographs, and to any and all phases of the utilization of this videotape/photographs including publicity, advertising and marketing.

I hereby represent and certify that I have read this release and fully understand the meaning and effect of this document.

Parent/Caregiver _____ **Date** _____

Parent/Caregiver _____ **Date** _____

One Village One Family Authorization for Background Check

Each caregiver must complete this form. (Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Homeward Alliance to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Homeward Alliance will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for the program will not be processed further.

Signature of Applicant

Date

Applicant's Name – Printed

Social Security Number

Driver License Number

DL State

Birth Date

Phone Number

Current or Last Address (Including City, State and Zip Code)

Previous Address (Including City, State and Zip Code)

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