



Bernalillo County Department of Substance Abuse Programs
Renee's Project
Supportive Housing Program
5901 Zuni SE
Albuquerque, NM 87108
Office (505) 468-1550
Fax (505) 468-9845

Renee's Project provides supportive housing assistance and case management services for homeless women who have children and are recovering from drug and/or alcohol addiction. Renee's Project works closely with identified women to reintegrate them into the community after being homeless. Renee's Project staff encourages and facilitates the reunification process between women and their minor children.

Participants in Renee's Project are provided with rental assistance vouchers for themselves and their minor children. Case management services include links to community-based recovery services as well as other supportive services. Through the comprehensive services provided by Renee's Project, the women will receive workable solutions, interventions related to independent living, and development of a community-based support network designed to strengthen and preserve the family unit.

ADMISSION REQUIREMENTS:

Women applying to Renee's Project must meet the HUD definition of homelessness and have alcohol or substance abuse addiction disorders. Women must be sober at the time of interview and admission. Women must have minor children within their legal AND physical custody in order to be accommodated. Also required is a willingness to participate in the self-sufficiency portion of Renee's Project. In general, women are recommended for entry into the program after completion of the following Department of Substance Abuse Programs: Addiction Treatment Program MDC/Aftercare and Supportive Aftercare Transitional Housing, however women who are participating in other community based substance abuse treatment programs will also be considered as long as proof of current enrollment on agency letterhead in a community based substance abuse treatment program is provided.

APPLICATION INSTRUCTIONS:

- There are two portions of the application that you are required to complete. The first portion is in regards to the self-sufficiency aspect of Renee's Project. The second portion is in regards to the housing aspect of Renee's Project.
- Complete the attached application and be sure to provide copies of required documents.
- Completed applications must be submitted to your case manager within the Department of Substance Abuse Programs.
- For outside agency referrals, contact Jasmine Storey at (505) 468-1665 to schedule an appointment to submit your completed application.
- Please be advised that if your application packet is incomplete, or does not have all the required documentation, your application will not be accepted.

APPLICATION PROCESS:

- Once your application is received, you can expect to be contacted by a Renee's Project staff member within 5-10 business days.
- You will be required to attend an admissions screening interview with Renee's Project staff. Renee's Project staff will contact you to schedule this interview.
- Once the initial screening process is complete, your application will be forwarded by Renee's Project staff to Bernalillo County's Housing Department for additional review.

Please see Bernalillo County's Housing Department's attached application process for further information.



**Bernalillo County Department of Substance Abuse Programs
 Renee's Project
 Supportive Housing Program
 Self-Sufficiency Application**

Last Name:	MI:	First Name:
Date:	DOB: / /	Age:
Gender:	SSN:	
Race/Ethnicity:	Currently Employed: Y N How long: Employer:	
Marital Status:	Are you a Veteran: Y N Branch: Discharge Date: Type of Discharge:	
Briefly describe current living arrangements: _____ <small>(Relatives, Homeless, Shelter, Renting)</small> _____ _____		
Primary or Preferred Language:	Religious Preference (if any):	
Annual Income Level: <small>(Please Circle)</small> \$0 \$1-9,999 10,000-19,999 20,000+	Highest Level of Education: <small>(Completed)</small>	
Have you ever participated in a Bernalillo County Dept. of Substance Abuse Program before: Y N <small>(CIRCLE)</small> MATS DETOX ATP in MDC ATP/AFTERCARE Community Case Management METH TEAM		
When:		
Do you have a pending court date: Y N	Are you currently on Probation or Parole Y N	
If Yes, When:	Probation Office Contact Info:	
Charges:	Parole Officer Contact Info:	
Emergency Phone Contact: (Name):		Phone Number:
What is your relationship to contact person:		
Have you ever been diagnosed with a mental health problem(s): Y N		
List Diagnosis:		
When & where given Diagnosis: <small>Month / year agency</small>		
Are you current receiving disability for a mental health problem: Y N		
Are you currently seeing a Psychiatrist/Psychologist/Therapist Y N		
If yes, Name:		Contact Number:
Current Medications taken for mental health problems:		

Have you ever been arrested for Domestic Violence: Y N How many times: _____
Have you ever been arrested for DWI: Y N How many times: _____ What Year(s): _____
Other Arrests in last 12 months (Please List) _____
Have you ever been convicted of a felony: Y N If yes, charge and year _____

Any additional add here:

How do you generally handle your anger:

What would you consider to be your triggers to use:

What has worked in the past to keep you from using:

Did your parents use any substance(s) while you were growing up: Y N

How many siblings in your immediate family: Your Birth Order (Oldest, Middle, Youngest):

Were you ever abused: Y N

In what way (circle all that apply): Emotional Physical Sexual

Admission Statement:

By your signature below, you hereby state that all the information you have given on this application is true to the best of your knowledge? Please be aware that the giving of false, misleading, or incomplete information may result in you being terminated from services.

Do you understand this statement? Y N

Signature

Applicant: _____ PRINTED NAME Signature: _____

Date: _____

PLEASE GIVE A STATEMENT IN YOUR OWN WORDS AND IN YOUR OWN WRITING ABOUT WHY YOU FEEL RECOVERY IS POSSIBLE IN YOUR LIFE AT THIS TIME AND HOW YOU SEE THIS PROGRAM HELPING YOU IN YOUR RECOVERY PROCESS.



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Renee's Project
Supportive Housing Program
 5901 Zuni SE
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AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with state and federal laws concerning the privacy of such information. Failure to provide all information requested may invalidate this Authorization.

Client/Individual Name: _____

Client/Individual ID/SSN: _____ Client/Individual DOB: _____

I hereby authorize the use or disclosure of my health information as follows:

Persons/Organizations authorized to *use* or *disclose* the information: *Bernalillo County-Dept. of Substance Abuse Programs(DSAP)*

Persons/Organizations authorized to *receive* the information: *Bernalillo County-Housing Dept.*

Purpose of requested disclosure: *Coordination of Supportive Housing Services*

This Authorization applies specifically to the following information: *Application, enrollment, participation, progress, and discharge.*

This Authorization expires six (6) months from date of signature below unless otherwise noted here: _____

NOTICE OF RIGHTS AND OTHER INFORMATION

I may refuse to sign this Authorization. Treatment, payment, enrollment, or eligibility for benefits will NOT be conditioned on my providing or refusing to provide this Authorization. I may take back ("revoke") this Authorization at any time. I must do this in writing, signed by me or on my behalf, and delivered to the following address: *5901 ZUNI SE, Albuquerque, NM 87108.*

Revocation will be effective upon receipt, but will not affect actions already taken on the basis of this Authorization. I have a right to receive a copy of this Authorization. Except as set forth below with respect to drug and/or alcohol abuse records, information disclosed as a result of this Authorization could be re-disclosed by the recipient and might no longer be protected by federal confidentiality laws.

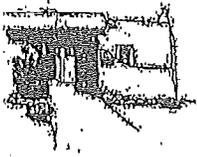
ACKNOWLEDGEMENT OF RELEASE OF DRUG OR ALCOHOL ABUSE RECORDS

I acknowledge that information to be used or disclosed as a result of this Authorization may include records that are protected by federal and/or state laws applicable to substance abuse. I SPECIFICALLY AUTHORIZE THE RELEASE OF CONFIDENTIAL INFORMATION RELATING TO DRUG AND/OR ALCOHOL ABUSE. The recipient of drug and/or alcohol abuse information disclosed as a result of this authorization will need my further written authorization to re-disclose this information.

Upon request, I may inspect or obtain a copy of the health information to be used or disclosed as permitted under 45CFR 164.524.

Signature: _____
 (Client/Individual/representative/spouse/financially responsible party)

Date: _____



Bernalillo County Housing Department

1900 Bridge Blvd., SW
Albuquerque, New Mexico 87105
(505) 314-0200



TO: All Applicants
FROM: Betty M. Valdez, Housing Director *Betty M. Valdez*
DATE: March 26, 2011
RE: WAITING LIST APPLICATION INSTRUCTIONS

ATTACHED YOU WILL FIND DIRECTIONS FOR COMPLETING AN APPLICATION FOR OUR HOUSING PROGRAMS.

COMPLETE THE ATTACHED APPLICATION AND BE SURE TO PROVIDE COPIES OF YOUR REQUIRED DOCUMENTS LISTED ON PAGE TWO OF THIS APPLICATION AND SUBMIT TO HOUSING.

Please be advised that if your application packet is incomplete, or does not have all the required documentation, your application will not be accepted.

NO MAILED IN OR FAXED APPLICATIONS WILL BE ACCEPTED

2. WAITING LIST STATUS CHECKS:

- Once your application is accepted and added to the computer database, you can expect to receive a letter from us within 10 to 15 business days.
- If you do not get this letter, contact our office. This could indicate a problem with your application.
- When you get your letter stating you've been added to the waiting list, we suggest you contact our office to check your position on the waiting list. If you call sooner, you may not get an accurate listing.
- Your number may fluctuate during your time on the Waiting List due to individual application changes.

3. KEEPING YOUR APPLICATION CURRENT:

- As you spend time on our waiting list, your circumstances may change.
- If you start or stop working, or begin going to school, or become disabled, please report the change in person as soon as possible. This may move you up on the waiting list.
- If you move or have a new phone number, please report the change in person as soon as possible as we need current information to contact you.
- Please remember that not reporting these changes could affect the amount of time you spend on the waiting list.

IT IS YOUR RESPONSIBILITY TO MAKE SURE INFORMATION IN YOUR APPLICATION IS CURRENT, ESPECIALLY YOUR MAILING ADDRESS!!

Completed applications will be accepted Monday and Wednesday ONLY
Between the hours of 8:00 a.m. to 4:00 p.m. (No Exceptions)
Phone Number 314-0200



Equal Housing Opportunity

Required Documentation for Completed Housing Application

We require a copy of the following information on all Household Members that are listed on your application. (NO ORIGINALS—COPIES ONLY) (ALL INFORMATION MUST BE CURRENT)

I. Identification Verification

- A. Copy of Driver's License or Photo ID for all household members over 18
- B. Proof of Birth: Copy of your Original Birth Certificates or Original Baptismal Certificates, or other acceptable 3rd party verification is required.
- B. Social Security Numbers: Social Security Cards, Printout from Social Security Administration.
- C. Proof of Marital Status: Marriage License, Divorce, or Separation Papers.
- D. Proof of Residency: Only if you or any family members are not citizens, please provide a copy of the individual's Resident and temporary Social Security Number Cards, resident cards, work permit or other legal document to show your residency.
- E. Proof of Veteran's Status Copy of your DD214-Discharge Record

II. Income Verification

- A. Current copy of your Social Security, Social Security Disability and/or Veterans AWARD LETTERS. (Within 90 days) you may need to request one from the SS office by phone or mail.
- B. LETTER FROM EMPLOYER, with START DATE, HOURS WORKED PER WEEK, HOURLY WAGE and HOW OFTEN PAID, this information should include any TIPS you make.
- C. TANF Benefits, please supply printout for CASH ASSISTANCE AND FOOD STAMP benefits. Contact your local ISD office for a current printout (within 90 days)
- D. GENERAL ASSISTANCE (GA) Benefits printout.

III. Preference Verification

This is the way applicants are placed on the waiting list. The higher the points, the sooner you could receive housing. To receive the appropriate preference, you need to be able to provide proof and verification of your circumstances.

Additional documentation will be required for a declaration of a preference. (SEE ATTACHED LOCAL PREFERENCES)



Required Documentation for Completed Renee's Project Supportive Housing Program Application

We require a copy of the following information on **all** Household Members that are listed on your application.
(NO ORIGINALS—COPIES ONLY) (ALL INFORMATION MUST BE CURRENT)

IV. Homelessness Verification- Homelessness Verification Form must be completed by homelessness agency representative.

Applicant is required to meet one of the following HUD homeless standards in order to be eligible for Renee's Project Supportive Housing Program:

- A. *Residing in a place not meant for human habitation such as a park, street, car, or abandoned building:*
 - Agency staff/outreach workers should prepare written information obtained from an identified third party regarding the participant's recent whereabouts. Statement must be signed and dated.
- B. *Residing in an emergency shelter:*
 - *Written verification (signed and dated)*
- C. *Residing in transitional or supportive housing for homeless persons who originally came from the streets or an emergency shelter:*
 - Written verification (signed and dated on agency letterhead) from the transitional housing facility staff indicating:
 - That the individual is a resident there;

AND

 - The individual was either residing in places not meant for human habitation or an emergency shelter when he/she entered the facility.

If you meet HUD's definition of chronic homelessness (have been continuously homeless for a year or more or have had 4 episodes of homelessness in the last 3 years), you are also required to complete the second page of the Homelessness Verification Form.

V. Disability Verification- Verification of Disability Form: must be completed by a qualified mental health or medical professional.

Verification of a physical, mental, or emotional impairment which: is expected to be of long-continued and indefinite duration, substantially impedes an individual's ability to live independently, and is of such a nature that such ability could be improved by a more suitable housing condition. *Applicant is required to have a diagnosed drug and/or alcohol dependency issue in order to be eligible for Renee's Project Supportive Housing Program.*

LOCAL PREFERENCES:

NOTE: NO MORE THAN ONE PREFERENCE IS GIVEN PER APPLICATION; CHOOSE THE PREFERENCE THAT WILL GIVE YOU THE MOST POINTS THAT YOU CAN BACK UP WITH DOCUMENTATION.

ALL PREFERENCES WILL BE VERIFIED FOR THE ENTIRE TIME AN APPLICATION IS ON THE WAITING LIST.

1. **(3 Point Preference) PT Work & PT School:** To qualify for this preference, the applicant must be in school and work. The combined activities must equal 30 hours a week. For example, if someone is in class 6 hours a week, they must be working at least 24 hours a week. School is defined as higher than high school education or GED.
Required Documentation:
 1. Letter from employer showing #s per week, hourly rate, start date.
 2. School schedule showing the days of the week in class and # of hours.

2. **(4 Point Preference) Disabled, Elderly, FT Employment, Veterans or CYFD transitioning youth:** To qualify for this preference, the applicant must meet one of the following conditions:
 - a. **Disabled category:**
Required Documentation:
 1. Award letter or current printout from Social Security or the VA or any other documentation that proves 100% disability.

 - b. **Elderly category:** must be 62 or over
Required Documentation:
 1. Birth certification or baptismal

 - c. **Full Time Employment category:** Families with at least one adult who is employed at least 30 hours per week. Once this preference type is declared, *it must be met the whole time the applicant is on the waiting list.*
Required Documentation:
 1. Letter from employer (with hire date, # of hours worked per week, hourly rate and how often paid).

 - d. **Veteran category:** Applicant must be an honorably discharged veteran or surviving spouse of an honorably discharged veteran.
Required Documentation:
 1. DD214 Discharge Record

 - e. **CYFD transitioning youth category:** Must be CURRENTLY involved and referred by CYFD, Juvenile Justice or Protective Services and are transitioning out of foster care.
Required Documentation:
 1. Letter from CYFD on CYFD letterhead; CYFD has the actual form letter provided by BCHD.

3. **(5 Point Preference) Displaced by Bernalillo County Code Enforcement (ONLY):** To qualify for this preference, the applicant must be living in a home that has been condemned by Bernalillo County Code Enforcement or the home was lost due to a fire.
Required Documentation:
 1. Copy of the NOTICE TO VACATE Issued by BC Code Enforcement.
 2. Copy of fire report.

4. **(7 Point Preference) Federal Disaster Affected Families displaced as a result of a declared federal disaster that are Section 8 Voucher Holders or Public Housing Residents in another jurisdiction.**
Required Documentation:
 1. Paperwork Issued by the United States Government (Ex. HUD, FEMA etc.), showing eligibility for assistance.



**Bernalillo County Housing Department
Section 8 and Public Housing Application**

A. Household Information:

Legal Name	Relationship to Head of Household	Sex M/F	Birth Date	Age	SS#	Race Circle One	Ethnicity Circle One	Us citizen legal resident Y/N	Veteran Y/N	Student Y/N
	Head of Household					a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			

What is the Head of Household's marital status? (Circle one)

- a. Married (Name of Spouse: _____)
- b. Never been married
- c. Divorced – Year _____ d. Separated – Months _____ Years _____
- e. Widowed

What is your mailing address?

Street Address 1 _____ City _____ State _____ Zip _____

What is your phone #?

Home # _____ Work # _____ Message # _____ Cell # _____

B. Household Income:

1. Employment/self employment Yes No (letter from employer showing start date, hours worked, hourly wage and how often received):

Name of Household Members who are employed	Monthly gross income/Hourly Rate of Pay	Hours Worked per Week	Company Name	Employment Start Date

2. Social Security: Yes No (proof of benefit)

Name of Household Members who receive Social Security Benefits	Survivors Benefits: Yes <input type="checkbox"/> No <input type="checkbox"/>	Soc. Sec. Amt per Month	SSI Amt per Month	SSDI Amt per Month

3. Other income: Yes No (unemployment, general assistance, child support, TANF)

Name of Household Member(s) who receive income	Type of Income	Amt per Month	Date started

C. Assets:

1. Name of Household Member with Accounts	Checking/Savings Account Balance	Type of Asset	Bond Amt	CD Amt	Property type and value amt

2. Asset Disposal: Have you or any household member disposed of an asset in the last 2 years? Yes No

Name of Household Members who own or have sold asset in the last 2 years	Type of Asset	Value of Asset	Amt owed on Asset

D. Miscellaneous Items:

- Have you, your spouse or any other household member over the age of 18, ever received any type of rental assistance from us or any other housing agency? Yes No If yes, Name/Location of Agency: _____
When: _____ Do you owe \$ to that Housing Agency? Yes No If yes, how much? _____
- Have you or any household members ever been involved in any alleged Criminal or Drug related incidents within the past 5 years? Yes No
If yes, Name of Family Member Involved: _____ Location: _____
When: _____
Brief Description of what happened: _____

E. Disability Declaration:

*****THIS IS STRICTLY VOLUNTARY*****

A person with a disability, as defined under federal civil rights laws (24 CFR Parts 8.2, 25.104, and 100.201), is any person who:

- * Has a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or
- * Has a record of such impairment, or
- * Is regarded as having such impairment.

The phrase "physical or mental impairment" includes:

- * Any physiological disorder or condition, cosmetic or disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitor-urinary; hemic and lymphatic; skin; and endocrine; or
 - * Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to such diseases and conditions as orthopedic, visual, speak and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.
- "Major life activities" includes, but is not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, learning, and/or working.
- "Has a record of such impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that does not substantially limit one or more major life activities but is treated by a public entity (such as a PHA) as constituting such a limitation, has none of the impairments defined in this section but is treated by a public entity as having such an impairment, or has a physical or mental impairment that substantially limits one or more major life activities, only as a result of the attitudes of others toward that impairment.

Does the previous definition of a "disability" describe the situation for your family? Yes _____ No _____

If yes, does that member of your household require a handicapped accessible unit or any other reasonable accommodations? Yes _____ No _____ If yes, please explain: _____

F. Programs you are applying for:

- _____ Section 8/Rental Assistance Program
- _____ Seybold Village/Mobility Impaired Required (South Valley Location ONLY)
- _____ El Centro/Elderly 62 years old and over (South Valley Location ONLY)
- _____ El Centro/JPB 55-61years old (South Valley Location ONLY)
- _____ Family Unification Program (through CYFD ONLY)
- _____ Downtown @ 700-2nd (disabilities or chronically homeless—referrals from designated providers only)
- _____ Renee's Project (referred by Bernalillo County Department of Substance Abuse Program ONLY)

G. Certification:

Section 35(a) of the U.S. Criminal Code makes it a criminal offense, punishable by a maximum of 10 years imprisonment, \$10,000 fine or both to make a false statement or misrepresentation to any department of the U.S. as to any matter within their jurisdiction. Knowing the penalty for making a false statement under the U.S. Criminal Code, I hereby certify the aforementioned information is a true and full statement.

I understand that filing this application does not guarantee that I will be offered housing assistance.

SIGNED: _____ DATE: _____
 Head of Household

SIGNED: _____ DATE: _____
 Spouse/Co-Head

OFFICE USE ONLY: Preference given	Person accepting application:	Description	Entry Initial	Date Entered on WL

**** ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER, MUST FILL OUT THE REQUESTED INFORMATION
& SIGN THE FORM BELOW****

AUTHORIZATION TO REVIEW RECORDS
(PRIOR CONVICTIONS, ARRESTS OR PENDING CASES)

TO: All District Attorney's Offices
Attention Records Division

FROM: Bernalillo County Housing Department
1900 Bridge Blvd. SW
Albuquerque, NM 87105
Office (505) 314-0200; Fax (505) 842-8149

I / We, the undersigned, give the representative of the Bernalillo County Housing Department permission to review & obtain copies of all above referenced information on file with the District Attorney's Office on Me / Us.

I / We agree to indemnify & hold harmless Bernalillo County Housing Department, and any of its employees, against any liability as a result of my representative(s) reviewing information on file with the District Attorney's Office.

The Bernalillo County Housing Department request this date pursuant to the Public Records Act.

PRINTED NAME	WIDEN NAME	DATE OF BIRTH	SOCIAL SECURITY #	SIGNATURE

DECLARATION OF CITIZEN STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS:

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

INSTRUCTIONS: Complete this Declaration for each member of the household.

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ SEX _____ SOCIAL SECURITY # _____

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older.
- I have eligible immigration status as checked below
 - Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) ; or
 - Permanent residence under §249 of INA; or
 - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA; or
 - Parole status under §§212(d)(5) of the INA; or
 - Threat to life or freedom under §243(h) of the INA; or
 - Amnesty under §245 of the INA.

(Signature of Family Member) (Date)

Check here if adult signed for a child: _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)
~~(Attach INS documents evidencing eligible immigration status)~~

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

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- I have eligible immigration status and I am 62 years of age or older.
- I have eligible immigration status as checked below
 - Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); or
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(Signature of Family Member)

(Date)

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 - () Threat to life or freedom under §243(h) of the INA; or
 - () Amnesty under §245 of the INA.

(Signature of Family Member) (Date)

Check here if adult signed for a child: _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)
~~(Attach INS document(s) evidencing eligible immigration status)~~

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____



**Bernalillo County Department of Substance Abuse Programs
Renee's Project
Supportive Housing Program
VERIFICATION OF EMPLOYMENT**

Employee's Name: _____ SS# _____

Applicant/Tenant Name: _____ SS# _____

Name of Employer: _____ Phone # _____

Address of Employer: _____
Address City/State Zip

The individual named above is an applicant for housing assistance. Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. Thank you for your cooperation.

I hereby authorize the release of information requested below:

X _____
Signature Date

TO BE COMPLETED BY EMPLOYER

1. Date of Employment: _____ Position/Occupation: _____
2. Current Rate of Regular Pay: \$ _____ per _____ (hour, week, month, year)
3. Current Rate of Overtime Pay \$ _____ per _____ (hour, week, month, year)
4. Number of hours per week employee normally works: _____
5. Anticipated number of overtime hours per week (if applicable) _____
6. Gross annual earning you anticipate for this employee for the next twelve months: \$ _____
(gross amount including tips, bonuses, overtime, commissions)
7. Anticipated tips, commissions, bonuses: \$ _____
8. Do you anticipate any change in the employee's rate of pay in the near future? () Yes () No
If Yes: Revised Rate: _____ Effective Date: _____
9. Do you anticipate any change in the number of hours the employee works? () Yes () No
If Yes: Total number of hours per week: _____ Effective Date: _____
10. Does this employee receive vacation with pay? () Yes () No
11. Does this employee receive sick leave with pay? () Yes () No
12. If the employee's work is seasonal or sporadic, indicate lay-off periods: _____
13. Additional Comments: _____

I certify that the preceding information is true and correct:

Signature/Title of Authorized Official Date Telephone Number

Please return to: Employee _____



**Bernalillo County Department of Substance Abuse Programs
Renee's Project
Supportive Housing Program
Homelessness Verification Form**

I certify that _____ stayed at _____
(Client's Name) (Facility/Program Name)

For the following period of time:

- (1) between: _____/_____/_____ and: _____/_____/_____
- (2) between: _____/_____/_____ and: _____/_____/_____
- (3) between: _____/_____/_____ and: _____/_____/_____
- (4) between: _____/_____/_____ and: _____/_____/_____

Before coming to this facility, the homeless person resided at: _____

This facility is classified as one of the following types of facilities/programs:

- Emergency Shelter
- Transitional Housing
- Permanent Housing
- Medical Institution
- Mental Health Institution
- Correctional Facility
- Substance Abuse Facility
- Other: _____

****The Following third party verification is attached: check one****

Residing in a place not meant for human habitation such as a park, street, car abandoned building:

Written verification (signed and dated and on agency letterhead) by agency staff/outreach workers verifying information obtained from an identified third party regarding the participant's recent whereabouts.

Residing in an emergency shelter:

Written verification (signed and dated and on agency letterhead) from emergency shelter staff that the individual is residing in the shelter.

Residing in transitional or supportive housing for homeless persons who originally came from the streets or an emergency shelter:

Written verification (signed and dated and on agency letterhead) from the transitional housing facility staff:

-Indicating the individual is a resident there; and

-The individual's was either residing in places not meant for human habitation or an emergency shelter when he/she entered the facility.

Signature: _____
(Signature of Facility/Program Staff)

Date: _____

Title: _____

Phone: _____

Chronically Homeless Verification

Please have this section completed **ONLY** if you meet HUD'S definition of a Chronically Homeless Person

HUD defines a Chronically Homeless person as: an unaccompanied homeless person (a single homeless person who is alone and is not part of a homeless family and not accompanied by children) with:

Part I. A Disabling Condition. *Check appropriate box(es):*

- A diagnosable substance abuse disorder
- A serious mental illness
- A developmental disability
- A chronic physical illness or disability, including the co-occurrence of two or more of these conditions

****Part I is supported by a letter from a medical professional attesting to the presence of the condition.****

- Yes
- No

Part II. Chronically Homelessness Status. *Check ONE:*

- Has 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.
- Has had four (4) episodes of homelessness in the last three (3) years.
(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.

****Part II is supported by Third Party Certification, which includes dates and locations of homelessness, from one or more of the following: *Check ALL that apply*****

- Certification letter(s) from an emergency shelter for the homeless.
- Certification letter(s) from a homeless service provider or outreach worker.
- Certification letter(s) from any other health or human service provider.
- Certification Self-Statement signed by the client.

Staff Name: _____ Staff Title: _____

Organization: _____

Signature: _____ Date: _____



**Bernalillo County Department of Substance Abuse Programs
 Renee's Project
 Supportive Housing Program
 5901 Zuni SE
 Albuquerque, NM 87108
 Office (505) 468-1550
 Fax (505) 468-9845**

VERIFICATION OF DISABILITY FORM

INSTRUCTIONS:

A qualified professional must complete this form. Sections 1 AND 2 of the form which apply to:

_____ DOB: _____

**SECTION 1: APPLIES TO INDIVIDUALS WITH PSYCHIATRIC DISABILITIES, CHRONIC
 SUBSTANCE ABUSE AND HIV/AIDS**

Diagnosis: _____

The above named individual is an adult having a physical, mental, or emotional impairment that:

- (a) is expected to be of long-continued and indefinite duration,
AND
- (b) substantially impedes the person's ability to live independently,
AND
- (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

• If a, b, and c above are true then please check 'Yes', otherwise check 'No' YES NO

SECTION 2: APPLIES TO ALL INDIVIDUALS

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

- 1. ___ YES ___ NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

- 2. ___ YES ___ NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - a. Is attributable to a mental or physical impairment or combination of mental

- and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity;
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. YES NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

4. YES NO Is a person whose sole impairment is alcoholism or drug addiction.

Name and Title of Person Supplying the Information

Firm/Organization Name

Signature

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant Signature

Date