 **PROJECT NA’ FAN SÅFO INTAKE APPLICATION FORM**

FOR OFFICIAL USE ONLY

[ ]  HOMELESS PREVENTION

[ ]  RAPID RE-HOUSING

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Household Size: \_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_ | Other Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_ | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOES YOUR HOUSEHOLD MEET ONE OF THE FOLLOWING SITUATIONS? PLEASE CHECK THE BOX THAT BEST APPLIES TO YOUR SITUATION.**

|  |
| --- |
| **Economic Hardship** means the household experienced a ***recent and significant* loss of income.** Situations may include employment termination, loss of income, reduction of hours, leave without pay, and work furlough during these times of COVID-19 pandemic. |

[ ]  My household was evicted from a housing unit (home foreclosure/rental unit) due to economic hardship.

[ ]  My household will be evicted in 14 days from our current housing unit.

[ ]  My household is participating in a federally-funded housing program (VASH, Public Housing, Section 8, etc.) and

 facing eviction due to:

 [ ]  Utility Disconnection (Utility Reimbursement: $\_\_\_\_\_\_\_\_\_\_) [ ]  Rental Arrears ($\_\_\_\_\_\_\_\_\_\_)

[ ]  My household is currently homeless. If currently homeless, please ANSWER THE QUESTIONS BELOW:

* How long has your household been homeless (days, months, or years)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Where are you currently staying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* How did your household become homeless? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ALL APPLICANTS:**

* Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence? [ ]  YES [ ]  NO
* Have you applied for Section 8? [ ]  YES [ ]  NO
* If YES, have you been approved? [ ]  YES [ ]  NO [ ]  UNKNOWN
* Any adults in the household currently working? [ ]  YES [ ]  NO If YES, how many? \_\_\_
* Any adults in the household looking for work? [ ]  YES [ ]  NO

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED IS COMPLETE AND CORRECT. I UNDERSTAND AND ACKNOWLEDGE THAT MAKING FALSE STATEMENTS IS A CRIME UNDER FEDERAL AND GUAM LAW.**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_