 **PRE-APPLICATION FORM**

FOR OFFICIAL USE ONLY

HOMELESS PREVENTION

RAPID RE-HOUSING

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

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

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

**CHECK THE BOX THAT BEST APPLIES TO YOUR SITUATION. INCOMPLETE PRE-APPLICATION WILL NOT BE REVIEWED. SUBMISSION OF PRE-APPLCATION DOES NOT GUARANTEE SERVICE(S).**

|  |
| --- |
| **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, particularly during the time 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: $\_\_\_\_\_\_\_\_\_\_)  Rental Arrears ($\_\_\_\_\_\_\_\_\_\_)

(Provide Utility Disconnection Notice) (Provide Eviction Notice/Landlord Statement)

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ANSWER THE QUESTIONS BELOW:**

* 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. I UNDERSTAND THAT COMPLETING THIS PRE-APPLICATION FORM DOES NOT GUARANTEE ASSISTANCE.**

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