Multnomah County

Intellectual & Developmental Disabilities
Housing Assistance Request Form

Client Name:	**Client DOB:**	**Date Submitted:**
Current Address:		
New Address (if moving):		
Phone:	**Email:**	
Payment to be made to:		
Address to mail check:		
Phone:	**Email:**	

Head of Household Name:	DOB:	Relation to Client:
Name:	DOB:	Relation to Client:
Name:	DOB:	Relation to Client:
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Case Manager:	**CM PHONE:**	**CM Agency:**
Type of Assistance Requested: (rent, deposit, etc.)	**AMOUNT REQUESTED:** **$**	**List month(s) asst. needed for:**

Current Income: Last 30 days **monthly NET income** for all household members

***Employment Income – submit last 30 days of paycheck stubs with application.**

Source: Amount:	Source: Amount:	Source: Amount:
Source: Amount:	Source: Amount:	Source: Amount:
SNAP/Food stamp Amount:	Source: Amount:	Source: Amount:
Additional Notes:		

Current Expenses: last 30 days expenses for ALL household members. **Include move in costs if moving**. **Income minus expenses figure must demonstrate need to qualify for assistance.**

☐Rent, ☐Mortgage:	Electricity:	Food (include SNAP amt):
Natural Gas/Oil:	Water/Sewer:	Garbage:
Cable TV:	Telephone:	Internet:
Medical:	Credit Card:	Loan Pmts:
Car Payments:	Car Insurance:	Gasoline:
Car Maintenance/Repairs:	Bus Fare:	Clothing:
Personal Care:	Laundry:	Pet Care/Supplies:
School Expenses:	Child Support:	Childcare:
Other:_____ $	Other:_____ $	Other:_____ $
Other:_____ $	Other:_____ $	Other:_____ $
Additional Notes:		

Current Income $0.00	**Current Expenses** $0.00	**Income minus Expenses** = $0.00

Future Income: Anticipated **monthly net income** for all household members following the receipt of assistance. **If seeking employment estimate net earnings.**

Source: Amount:	Source: Amount:	Source: Amount:
Source: Amount:	Source: Amount:	Source: Amount:
SNAP/Food stamp Amount:	Source: Amount:	Source: Amount:

Future Expenses: Anticipated expenses for ALL household members following receipt of assistance. Write 'onetime' if applicable.

☐Rent, ☐Mortgage:	Electricity:	Food (include SNAP amt):
Natural Gas/Oil:	Water/Sewer:	Garbage:
Cable TV:	Telephone:	Internet:
Medical:	Credit Card:	Loan Pmts:
Car Payments:	Car Insurance:	Gasoline:
Car Maintenance/Repairs:	Bus Fare:	Clothing:
Personal Care:	Laundry:	Pet Care/Supplies:
School Expenses:	Child Support:	Childcare:
Other:_____ $	Other:_____ $	Other:_____ $
Other:_____ $	Other:_____ $	Other:_____ $
Additional Notes:		

Future Income $0.00	**Future Expenses** $0.00	**Income minus Expenses** = $0.00

Housing History & Plan

1. **Reason for the Request: What are the circumstances that led to this request?**

2. **Housing Plan: What is the plan to address the housing issues and prevent them from happening in the future?**

3. **Resources/Assets:** combined value of any financial asset or account $_____
4. **Payee:** Does applicant have a representative payee? ☐Yes / ☐No, If yes, who:_____
   a. If no payee, is a payee needed to achieve housing stability? ☐Yes / ☐No
5. **Rental Debt:** Does the applicant owe past rent/deposit beyond what is being requested? ☐Yes / ☐No If yes, please explain how debt will be paid: _____
6. **Eviction:** Did the applicant receive an eviction notice from the current property manager? ☐Yes (please attach) / ☐No

7. **Housing History:** How long has applicant lived in current living situation? _____
8. **Subsidized Rent:** Is applicant's rent based on a percentage of their income? ☐Yes / ☐No
9. **Utility Assistance:** Does the applicant have a disconnection pending/shut off notice?
   (required to receive utility assistance) ☐Yes (attach notice to this request) / ☐No
10. **Moving:** (Complete only if the applicant is moving)
    a. Is the move necessary or required? (must be yes to receive deposit assistance) ☐Yes / ☐No
       i. If yes, please explain why? _____
    b. Is the new unit subsidized housing (rent is based on a percentage of household income)?
       ☐Yes / ☐No
    c. Anticipated move in date: _____

Additional Comments:

I certify the foregoing statements are true and correct to the best of my knowledge. I authorize Multnomah County Intellectual and Developmental Disabilities to share information with my payee about my financial information; my landlord regarding payment information; and partnering agencies/service providers as necessary to arrange for the assistance being requested. **I hereby authorize the release of the above information for the purpose of evaluating my request for assistance.**

_____ _____
Print name of person completing this form Date

_____ _____
Signature of Head of Household Date

*******Housing Specialist Use only *******

Pay stub 1:
Pay stub 2:
Pay stub 3:
Pay stub 4:

Annual Gross Income Amount:

Percentage of Median Family Income:
- ☐ 0% - 30%
- ☐ 30%-50%
- ☐ 50%-80%
- ☐ Over 80