



# BROWARD HOUSING SOLUTIONS®

## Waiting List Application

Broward Housing Solutions® mission is to provide safe, supportive, and permanent housing to clients with low income and severe and persistent mental illness.

Agency Name \_\_\_\_\_

Date \_\_\_\_\_

**\*\* Does this candidate demonstrate the ability to live independently?**  Yes  No

**\*\* Client will not be placed on the waiting list unless a SPMI mental health diagnosis is sent along with this form.**

**Diagnosis attached?**  Yes  No

Applicant Personal Information			
<b>Last 4 of Social Security No:</b>		<b>Birthdate (MM/DD/YYYY):</b>	
<b>Name (Last Name, First Name MI)</b>		<b>Unit Type (Please Select One)</b>	
		<input type="checkbox"/> Roommate	<input type="checkbox"/> <del>1 Bed Room</del> -CLOSED a/o Jan 1, 2021
		<input type="checkbox"/> 2 Bed Room	<input type="checkbox"/> 3 Bed Room
<b>Current Address:</b>		<b>Currently Homeless?</b> YES NO	
<b>Describe current housing situation:</b>		<b>Chronically Homeless (Please Check One)</b> YES NO	
<b>Current Phone No. (Please Identify Whether House or Mobile)</b>		<b>Email Address:</b>	
Sources of Income (Please Check That Apply)			
<input type="checkbox"/> Employment / Salary	\$	<input type="checkbox"/> Retirement / SSI	\$
<input type="checkbox"/> TANF	\$	<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> Other:	\$	<b>Frequency of income:</b>	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
		<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Annually	
<b>Gender (Please Check One)</b>			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans-Gender <input type="checkbox"/> No Answer			
History			
<b>Has the client ever signed a lease agreement? (Please Check One)</b>		<b>If Yes, has the client ever been evicted? (Please Check One)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>If yes to previous question how many times has the client been evicted and provide dates and details. Attach another sheet if needed).</b>	



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 info@BrowardHousingSolutions.org

<b>Has client ever been arrested</b> <i>(Please Check One)</i> <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>	<b>If Yes, indicate the charged:</b> <i>(Please Check One)</i> <input type="checkbox"/> Misdemeanor <span style="margin-left: 20px;"><input type="checkbox"/> Felony</span>	<b>If yes to previous question please, provide dates and details below:</b>
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<b>Preference</b>	
<b>Veteran</b> <i>(Please Check One)</i> <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>	<b>Disabled Veteran</b> <i>(Please Check One)</i> <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>

<b>Applicant Household Member Information</b>			
Name <i>(Last Name, First Name MI)</i>	Relation	Birthdate	Gender

**All adults 18 + must have income or enrolled in school full-time. Felony charges such as violent crimes, fraud charges, drug trafficking or registration on the sex offender registry within the last 7 years will not be considered. All clients must have mental health case management with an approved agency. Clients deemed capable of living independently must follow their mental health case management plan, manage finances, maintain sanitary housing, and adhere to the rules set by the landlord.**

Per the Fair Housing Act, Florida Law Prohibits Discrimination on the basis of race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people seeking custody of children under the age of 18,) and disability. Additionally, Broward County prohibits discrimination in housing based on sexual orientation, age and marital status.

<b>Case manager's additional comments:</b>

\_\_\_\_\_ Case Manager Print Name

\_\_\_\_\_ Case Manger Phone

\_\_\_\_\_ Email

\_\_\_\_\_ Case Manager Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Case Manager Supervisor Print Name

\_\_\_\_\_ Supervisor Phone

\_\_\_\_\_ Email

\_\_\_\_\_ Supervisor Signature

\_\_\_\_\_ Date