MHSA Housing Program - Tenant Certification Application

Section 1. Referral Source

If applicable, please list your MHSA funding source: ❑MHSA Housing Program ❑MHSA Housing Trust Fund ❑Both	For office use only
	Date Received ____/____/____ Date Approved ____/____/____ Initial _____

Program Name

/ /

Address   City   Zip Code

/

Contact Name   Phone

Email

Section 2. Applicant Information

/ /

Name   Phone Number/Message Number   Date

/ /

Social Security Number   Date of Birth   Gender

/ / /

Mailing Address (Address Where You Receive Mail)   City   Zip Code   MIS Number

Section 3. MHSA Focal Population Criteria (please check all that apply)

❑currently receiving mental health services within the DMH system
 Please list where you are receiving services _____
❑substance use
❑homeless (if checked, please describe below)
❑at risk of homelessness (if checked, please describe below)

❑recent* release from jail/juvenile hall
❑recent* psychiatric hospitalization
❑recent* placement in Residential Care Facility
❑child/adolescent with severe emotional
  disturbance

*recent: within the last year

Section 4. Describe current homeless or at risk of homelessness status (please attach additional pages if necessary).

Section 5. Income Source   Benefit Establishment Status (if applicable)

__Supplemental Security Income /SSI	Application Submitted For:	
__Social Security Disability Insurance	SSI Date Submitted _____	___ Pending ___Denied ___ Appeal
__General Relief/GR	SSDI Date Submitted _____	___ Pending ___Denied ___ Appeal
__None	GR Date Submitted _____	___ Pending ___Denied ___ Appeal

Section 6. Housing Preference (to be completed by applicant, if possible)

First Choice: Location (Name of Housing Project & Address)	**Service Area**: ❑SA1: Antelope Valley, ❑SA2: San Fernando/Santa Clarita Valleys, ❑SA3: San Gabriel Valley, ❑SA4: Metro, ❑SA5: West, ❑SA6: South, ❑SA7: East, ❑SA8: Harbor
Second Choice: Location (Name of Housing Project & Address)	**Service Area**: ❑SA1: Antelope Valley, ❑SA2: San Fernando/Santa Clarita Valleys, ❑SA3: San Gabriel Valley, ❑SA4: Metro, ❑SA5: West, ❑SA6: South, ❑SA7: East, ❑SA8: Harbor

What is your household size?	❑1 person	❑2 people	❑3 people	❑4 or more people

If you checked more than one person above, please list the people who will be living with you including their names, their relationship to you and their ages.

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Date of Birth:	Date of Birth:	Date of Birth:
Age:	Age:	Age:

_____   _____

Applicant Signature   Case Manager/Project Sponsor Signature (Referring Agency)