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

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)