

# MHSA Housing Program - Tenant Certification Application

**Section 1. Referral Source**

For office use only

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 usehomeless (if checked, please describe below)at risk of homelessness (if checked, please describe below)recent\* release from jail/juvenile hallrecent\* psychiatric hospitalizationrecent\* placement in Residential Care Facilitychild/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: HarborWhat 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) \_\_\_\_\_