



Horizon Housing Development Co.

Application Packet for Horizon West

Applicant Name: _____

Date of Application: _____

Service Advocate: _____ Agency: _____

Please check off each of the following items to ensure that the packet you are submitting is complete.

_____ Program Participation Form

_____ Eligibility Documentation (Attached)

_____ Income Verification (Attached)

_____ Homeless Verification (Signed and Status Checked + verification)

_____ Application is Signed

In addition, attach the completed Supported Living Assessment to this Application

_____ Supported Living Assessment

_____ Housing Voucher

How many hours of Supported Living does the applicant need? _____



Horizon Housing Development Co.

Program Participation Form

Horizon Housing Development Company (HHDC) has received a grant from the US Department of Housing and Urban Development (HUD). As part of the grant, HHDC is required to provide training in the skills and knowledge necessary to live independently. It promotes skills such as household cleaning and maintenance, nutrition and food preparation, budgeting and health maintenance. In addition, educational goals are to be set for each individual according to their own needs, abilities and desires. These may include reading, checkbook math, GED training and job training.

As part of this program, all residents are eligible to meet with Horizon Housing’s support team for up to 2 hours each month. These supports are in addition to the meetings tenants schedule with their Service Advocate, Job Coach and Supported Living Worker.

Supportive services are not need and wanted as a requirement to live in HHDC properties. If support is not needed to live independently on your own then program requirements are not met please let your Service Advocate know so that they may begin helping you locate alternative housing. If you have any questions, please call HHDC at 314-865-0383.

Attached to this form is the HHDC application, if you are in agreement with participating in the program, please sign below and complete the application.

I _____ have read the above and will participate in the program as stated above.

_____ Date: _____
(Signature of Applicant)



Horizon Housing Development Co.

Application – Disability Verification

Horizon Housing Development Co. may only lease an apartment to persons with Developmental Disabilities. Verification is needed.

Written verification may come from one or more of the following sources:

- ❖ Department of Mental Health
- ❖ Vocational Rehabilitation
- ❖ Physician
- ❖ Psychologist
- ❖ Department of Elementary & Secondary Education/School District

The list is not inclusive of all Disabilities included in the application.

- Mental Disability
- Epilepsy
- Cerebral Palsy
- Autism
- Learning Disability (within a range – where it may affect their daily lives)
- Substance and Alcohol dependency



Horizon Housing Development Co.

Application – Verification of Homelessness

Please check mark the line that best describes where you are currently residing.

- In an emergency shelter (include letter from shelter)

- On the street (This includes living in a car, park, sidewalk, Abandoned building and/or any other place not meant for human Habitation). Please see next sheet.

- In transitional or supportive housing for people that originally came from the street or an emergency shelter (include letter from transitional housing or supportive housing)

- In an institution such as a hospital for no more than thirty (30) Consecutive days. (For this option to be checked, you must have lived in a shelter or in a place not meant for human habitation before going into the institution for a short term stay).

Have you been homeless for more than 12 months and have you been homeless Four (4) or more times in the last three years? Yes No

If you are unable to make a check mark because your current living situation is not described above, you do not qualify as being homeless.

#####

Your signature serves as verification that the information reported on this application is true and accurate.

Applicant Signature

Date

Witness

Date

Attach Supported Living Assessment



Horizon Housing Development Co.

Application - Homelessness

Please answer all questions to the best of your abilities.

How long have you been homeless? _____

How long have you been a Resident of the City of St. Louis?

Where have you been staying? _____

Last Permanent Address of 90 days or more. _____

Please give a brief history of your Homelessness.

Applicant's Signature

Witness's Signature

Date Signed



Horizon Housing Development Co.

Application – Release Form

I/we give my/our permission to verify all information contained in our application for an apartment as well as to run a credit and criminal record check and to verify employment and previous tenant history. I/we authorize the release of information necessary to process our application.

Print Name

Social Security Number

Date

Signature

Print Name

Social Security Number

Date

Signature

Horizon Housing Development Co.
3001 Arsenal St
St. Louis, MO 63118
314-865-0383 Phone
314-865-0750 Fax



Horizon Housing Development Co.

Application – Managed Care – Res. History

Do you receive case management services? Yes No

If yes, do you receive case management services with: (Circle One)

The St. Louis Regional Center , The St. Louis Office for DD Resources, BJC, Other

Name of Service Advocate/Service Coordinator: _____

Phone Number of Advocate/Coordinator:

Do you have a legal guardian? Yes No

If yes, write the name, address and phone number:

Name: _____

Address: _____

Phone Number: _____

*You must provide legal Documentation if someone other you (the applicant) is your legal guardian

Why are you looking for a new place to live?



Residential History

How long have you lived at you current address? _____

How many places have you lived in the last 5 (five) years? _____

Have you ever been homeless? Yes No

Are you currently homeless? Yes No

Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No If Yes, please explain _____

How many people live in your household now? _____ Will any of these people live in the unit you are applying for? Yes No

If yes, please explain _____



Horizon Housing Development Co.

Application – Financial Information

Current Rent: \$_____ Current Utilities: Gas _____
Electric _____

Water: _____ Sewer: _____

Are you current on your utilities? Yes No
(Answer this even if you do not have a residence at this time)

Total monthly expenses: \$_____

Do you pay your own bills? Yes No

If not, who pays your bills? _____
(Name and Relationship)

Is the person who pays your bills your Representative Payee? Yes No

If yes, please complete the following questions.

What is the address and phone number of your Payee.

Address: _____

Phone: _____

Potential tenant must have income or voucher that will meet the rental requirement. Complete the Authorization for Release of Information that is attached to this application. (The release must state the HHDC has the permission of the applicant or the applicant's legal guardian to contact the applicant's representative payee regarding monthly rent).

*Complete this chart if any member who will live in the unit has any income. List all employment and non-employment income for all household members, include Salary and Wages (gross amount), Social Security, Supplementary Security Income, IRA, Keogh, VA Pension, other pensions or annuities, General Assistance (Welfare), ANFC, Child Support and any other source of income. **Attach verification of each source of income.** (If you receive money from the government, you must go to the Social Security office and request a formal statement of the amount of money you receive each month. If you earn income, you must submit copies of you most recent pay check stubs). If applying for Horizon West, tenant must have a voucher.*



Name (Last, First Initial)	Type of Income	Estimated Total (circle one) Income:	Address of Income Source	Contact Person Telephone No.
		\$ _____ per Wk. Or Mo		
		\$ _____ per Wk. Or Mo		
		\$ _____ per Wk. Or Mo		

Horizon Housing Development Co.

Application – Work History

Are you employed? Yes No

If yes, provide the name and address of your employer: _____

Address: _____

Hours per week _____ Position: _____

How long have you been employed? _____

How do you get to work? Bus Friend Door-to-Door Transportation Co.

Personal Information

What Grade of School was completed? _____ Graduated: Yes No

Do you or a member of your household have a Physical Disability? Yes No

If so what is it? _____

Would climbing stairs pose a problem for anyone in the household? Yes No

Have you ever been arrested or convicted of a crime? Yes No

If yes, provide the date(s) of charges and convictions(s): _____

Are you on probation or parole? Yes No

If yes, provide the terms of probation/parole: _____

Have you ever had a restraining order listed against you? Yes No

Do you have a communicable disease that you need regular treatment? Yes No

How often are you treatments? _____ Date of last Treatment: _____

Do you or any member of your household use an illegal drug or other legally controlled substance? Yes No

If yes, please explain

We do not allow any pets in any of our buildings *.

*Service Dogs are excluded.



Horizon Housing Development Co.

HHDC

(All properties are monitored by cameras on outside and common areas)

West Florissant 4400-4408: These are remarkable 6 two bedroom and 6 three bedroom apartments for families with its own laundry facilities as well as a fenced and gated play area for children and an enclosed parking area. Potential tenants must have a voucher SECTION 8 OR SHELTER PLUS CARE as well as meet the qualifying criteria. Qualification are different for this location. Must be diagnosed with a mental disability, substance abuse problem, developmental disability or dual diagnosed.



Horizon Housing Development Co.

Application for Housing

These apartments are only leased to tenants who are homeless and who have a mental disability, substance abuse issue or dual diagnosed with a developmental disability. Written verification of a disability and homelessness are required to be considered for tenancy.*

Head of Household: _____

Please list each member of the household, who will live in the apartment:

# In Home	Name	Social Security #	Date of Birth	Relation to Head of Household	Sex (M or F)
Hoh m					
1					
2					
Add additional children or adults on the back of the page.					

Last Permanent Address: _____
Of 90 Days or More

Name of person completing Application: _____

Relationship to applicant: _____ Phone number: _____

How did you hear about this rental property: newspaper, word of mouth, Case Manager?

** Horizon Housing Development Co. is funded by the St. Louis Office of DD Resources. In order to rent an apartment you must submit documentation from one of the following sources: Department of Mental Health, Vocational Rehabilitation, a Physician, a Psychologist or the Department of Elementary & Secondary Education/School District, stating your disability.*

Type of Disability: _____