



2261 Adams Ave
Telephone: 801-394-9456
Fax: 801-394-9457
rrcmanager@yccogden.org

Housing Assistance Application

Disclosure:

The YCC provides rental/deposit assistance based in program eligibility requirements, available funding and staff capacity for processing cases.

The YCC will make every effort to assist as many applications as possible however, once the program funding is exhausted or staff services reach capacity, all remaining applications will be discarded.

The YCC endeavors to verify all information through third party verification, and any application that contains false or misleading information will be rejected.

If your application is selected for evaluation, you will be contacted within 10 business days following the application date for a brief phone interview with follow-up questions.

However if you are not contacted you will need to reapply during the next month or seek alternative resources.

If your application is not accepted for evaluation, and you would like to seek out listings for alternative resources, you are welcome to visit our main office (Adams Ave. Ogden, UT) and they will have a list of resources for you.

Signing below states that you have read the disclosure above and agree to the terms and conditions of this program.

SIGNATURE

DATE



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YCC TANF REFERRAL FORM

Referring Agency: _____
Agency Contact Name: _____
Agency Contact Email: _____
Agency Contact Phone: _____
Date: _____

Client Name: _____ Phone Number: _____

Address: _____ City: _____

Zip: _____

Alternate Phone Number: _____ Alternate Contact: _____

Birthdate: _____ Last 4 #'s of S. S. Number: _____

FAMILY COMPOSITION:

Marital Status: Single Married Divorced Widow Number of dependents? _____

Do you have custody of a minor child? Yes No

Please list all family members, including adults

Name: _____ Age: _____ Male Female Income: _____

Name: _____ Age: _____ Male Female Income: _____

Name: _____ Age: _____ Male Female Income: _____

Name: _____ Age: _____ Male Female Income: _____

Name: _____ Age: _____ Male Female Income: _____

***please use back of form if necessary**

What is the average household total income? _____

Employment History:



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Head of Household #1

Jobs in Past 5 Years	Dates of employment	Reason for Leaving

Head of Household #2

Jobs in Past 5 Years	Dates of employment	Reason for Leaving

Rental History/Information:

How much is current monthly rent? _____ Past Due owed to landlord _____
 Do you have an Eviction Notice? Yes No 3 Day 7 Day 15 Day
 Court Filing
 Is it a Subsidized Unit? Yes No
 Have you been evicted before? Yes No
 How many times? _____
 Do you have any outstanding Utility Debt? Yes No
 If yes, are they in collections? Yes No _____

Risk Factors: (Check all that apply)

- Sudden and Significant Loss of Income
- Physical disabilities and other chronic health issues
- Received rental assistance in the past 6 months
- Involvement with child protective services
- Felony or misdemeanor within the past 7 years
- Mental Health and Substance Abuse Issues
- HIV/AIDS
- Pregnant (third Trimester)
- Recent Traumatic life event
- Experienced domestic violence in past month



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Client Statement

Please state the reasons you are experiencing a housing crisis.

Please list all financial resources and support networks that you have pursued.
(example: friends, family, HEAT, DWS, Local churches): _____

What is your plan for self-sufficiency? *(how will you pay your rent in the future)* _____

Client Signature

Date

Client Signature

Date

Case Manager

Date

****Please complete entire form. Incomplete applications will not be considered*****



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Release of Information

In order for YCC to coordinate resources that would best benefit you, it is sometimes necessary to communicate both within YCC Centers, as well as with other community agencies, regarding your case.

I _____, give permission to allow my information to be shared with local community agencies or programs that may have a connection to my case, for the purpose of tracking, supporting and coordinating services. I also give permission for those agencies to communicate with the YCC regarding my case.

AGENCY NAMES

Department of Work Force Service	Midtown Medical Clinic
Department of Child and Family Services	St. Anne's- Lantern House
Catholic Community Services	Homeless Veterans Fellowship
Salvation Army	Ogden Rescue Mission
Cottages of Hope	Ogden Housing Authority
Davis Housing Authority	Weber Housing Authority

Exceptions to Confidentiality / Release of Information to Other

1. Threats to harm yourself or others
2. Abuse or neglect of a child
3. Court subpoenaed files

Clients will be notified of these exceptions.

If for some reason there is a need to share information with someone not listed on this form, you will first be consulted and asked to sign an authorization to transfer information. This release is valid for 12 months from the signature date unless the client, in writing, authorizes further permission.

Signature: _____ Date: _____