



22245 Main Street #204, Hayward, CA 94541 (510) 881-7310

HOUSING SCHOLARSHIP PROGRAM APPLICATION

Dear Student:

Thank you for taking the time to complete the Housing Scholarship Program application for current students or those in formal on-the-job-training programs. Through this application process, we can gather information that will help us to identify resources that you may need.

Our experience has taught us that there are important considerations when providing service for people during the course of the Housing Scholarship Program. One of our services is to try to help you anticipate potential problems that can derail your plans, and provide immediate resources to aid emergency situations.

Your acceptance into the Program and the total amount of scholarship assistance you receive will be based on Case Management recommendation and Advisory Board approval. **The goal of the Program is to provide rental assistance so that a scholarship recipient is able to complete their education or training within 18-21 months and then transition to gainful employment within a total of 24 months from beginning the Program.** If you are on a Section 8 waiting list, this program does not affect your selection or acceptance into the Section 8 Program.

Our Advisory Board members meet once a month. Once your application materials are complete and have been submitted, they will be reviewed for recommendation by the Housing Scholarship Program staff. We will present your application materials to the Advisory Board when all requested documentation has been received and reviewed. Once the Advisory Board has made a decision, you will be notified immediately. **Please note that this process may take up to three months. This Application does not guarantee housing assistance of any kind.**

We respect that the information you provide is sensitive. Confidentiality is maintained with Allied Housing, Inc. staff and the Advisory Board throughout the application process. Please feel free to ask questions regarding any of the questions in the application that you do not understand, and consider us at your service.

Housing Scholarship Program Staff

Chris Moisenko, Program Coordinator / Case Manager
Phone: (510) 881-7310 x312 Fax: (510) 881-7320

Completed Application Check List

- Eligibility Pre-Screening with HSP Case Manager (call 510-881-7310 x312)**
- 2 Letters of recommendation from employer/school (*signed originals on letterhead*)
- Personal Letter of scholarship interest and career plan from applicant (*one page*)
- Current Resume
- Current transcripts (*official*)
- Signed verification of employer sponsored training (*if applicable*)
- Sample of post training job descriptions and Labor Market salary information

Please answer all questions in detail. Write N/A if not applicable.

Updated 3/17/05

Name: _____

Application Date: _____

S.S. Number _____ Date of Birth _____ Age _____ Gender M F

Ethnicity:	_____	Single Race	_____	Multiple Race	
	_____	White	_____	Am. Indian/Alaskan White	
	_____	Black/AfricanAmerican	_____	Asian & White	
	_____	Asian	_____	Black & White	
	_____	American Indian/Alaskan	_____	Am. Indian/Alaskan & Black	
_____	Non-Hispanic	_____	Native Hawaiian/Pac. Islander	_____	Balance / Other

Is English your first language? Yes No If no, what is your first language? _____

Do you require translation services? _____

Have you ever been convicted of a crime? Yes No If yes, please explain (include date(s): _____

Will there be another adult living with you? Yes No If so, please complete the following:

Name: _____

S.S. Number _____ Date of Birth _____ Age _____ Gender M F

Ethnicity:	_____	Single Race	_____	Multiple Race	
	_____	White	_____	Am. Indian/Alaskan & White	
	_____	Black/AfricanAmerican	_____	Asian & White	
	_____	Asian	_____	Black & White	
	_____	American Indian/Alaskan	_____	Am. Indian/Alaskan & Black	
_____	Non-Hispanic	_____	Native Hawaiian/Pac. Islander	_____	Balance / Other

CONTACT INFORMATION

Address: _____

Do you consider this a temporary residence? Yes No

Do you need resources to find rental housing? Yes No

Phone: _____ Cell: _____ Other: _____

E-Mail _____ How often checked? _____

EMPLOYMENT HISTORY

Are you currently employed?

Yes, part time Yes, full time Position _____

Federal Work-Study Program Position _____

No. Date of last employment: _____

Are you participating in an on the job training program? Yes No

Name and phone number of your supervisor: _____

EDUCATION

Previous education:

- | | |
|--|-------------|
| <input type="checkbox"/> Some College _____ units | Date: _____ |
| <input type="checkbox"/> Associate's Degree in _____ | Date: _____ |
| <input type="checkbox"/> Certificate in _____ | Date: _____ |
| <input type="checkbox"/> BA/BS _____ | Date: _____ |
| <input type="checkbox"/> Other _____ | |

Please identify your current major or field of training:

Name and location of school or training program:

Please provide the exact name of the Certificate or Degree you will receive:

Academic Program contact person and phone:

Current school schedule (days/times):

How many credits do you have towards completion? _____

How many credits do you still need to complete your educational program? _____

Scheduled Completion or Graduation Date _____ (*verification will be required*)

Is an internship or externship required to complete your training? Yes No

What occupations will you be qualified for after you have completed training?

Are job placement services available through your school? Yes No

Based on your research, what is the salary you should earn when you complete your training?

_____ Where did you get this information? _____

Do you have career goals that extend beyond your current training? Yes No

If yes, please explain: _____

FINANCIAL

PLEASE LIST INCOME AMOUNT AND SOURCE FOR EACH HOUSEHOLD MEMBER

Source:	Applicant	Spouse	Other	Other
Wages/Self Employment				
CalWorks/GA				
Social Security				
VA Benefits/Pensions				
Unemployment Benefits				
Disability Benefits				
Child and/or Spousal Support				
Other (identify):				
TOTAL Income Per Household Member				
TOTAL Household Income				

Will your post-graduation expenses be more than projected earnings? Yes No

If there is a projected earnings shortage, what is your plan for self-sufficiency?

How many dependents do you have? _____

Is anyone in your household pregnant? Yes No If so, who? _____

What is the baby's due date? _____

Please list all of the persons who you plan to live with you:

Name	Relationship	D.O.B	S.S.N.	Gender

In case of emergency please contact: _____
(name and phone number)

HOUSING

Have you been evicted from a place of residency? Yes No

If so, when and where? _____ Please explain the circumstances: _____

Are you paying rent at your current residency? Yes \$_____ No

Please list one previous Property Owner/Manager:

(name, address, phone number)

Have you ever received Section 8 housing or been housed through any Housing Authority in Alameda County? Yes No If so, when and where? _____

Are you on a Section 8 or Public Housing waiting list? Yes No

If yes, where? _____

TRANSPORTATION

Do you own a car? Yes No

Do you make car payments? Yes \$_____ per month No

Please describe the condition of your car, its reliability, and its need for repair.

How would you arrange for transportation if you are unable to drive your own car?

Do you know how to get to your destinations by public transportation? Yes No

CHILD CARE (IF APPLICABLE)

Please List Your Current Child Care Arrangements For Each Child

First Name of Child	Age	Child Care Cost	How does your child get to/from Child Care?

Is your childcare subsidized? _____ How much do you pay for childcare each month? _____

What is your plan for childcare when you child is sick or out of school? _____

SUPPORTIVE SERVICES

What supportive services are you currently receiving? Please fill out completely, indicating name of program/organization/agency.

Employment: _____

Food: _____

Medical Care: _____

Housing: _____

Counseling/Psychiatric: _____

Domestic Violence: _____

Do you require educational or housing accommodations due to a disability? Yes No

Do you want access to personal counseling? _____

PLANNING

What do you consider your most significant concerns/issues that need to be addressed? Please explain in detail and include anything that could be a barrier to employment.

What steps have you already taken to address these concerns? Please be specific.

Applicant(s) declare under penalty of perjury that all of the information in this application and all information furnished in its support is true and complete to the best of the applicant's knowledge and belief. Any misrepresentation of this application will result in immediate denial of this application or termination from the program. By signing below, Applicant(s) agree verification may be obtained from any source.

Applicant: _____

Co-Applicant: _____