



## **Carrfour's Housing Assistance Program**

**Who we are:** Carrfour Supportive Housing is a non-profit 501(c) (3) organization whose mission is to develop permanent supportive housing and maximize the self-sufficiency of formally homeless adults in Miami-Dade County, Florida.

The Housing Assistance Program provides formally homeless couples an affordable place to live and supportive services that encourage independence, residential stability and self-sufficiency. With the companionship and support of each other and the support of a case manager, this project offers couples a chance to get back on their feet and achieve self-sufficiency.

**Where are we?** Residents admitted into the program will live in one bedroom apartments throughout Miami-Dade County.

**Who is eligible?** This program is designed to provide housing assistance to households that consist of two members. Priority will be given to households that can demonstrate the ability to live harmoniously in this setting and share the responsibilities of maintaining an apartment (as opposed to two individuals that do not know each other).

Each member of the household must:

- Qualify as homeless under U.S. HUD's definition;
- Qualify as having a disability under US HUD's definition;
- Be over 18 years of age;
- Satisfactorily pass a drug test;
- Have the ability to locate and qualify for a rental unit in the community and;
- Have a history indicating commitment to paying rent and other obligations on time.

To apply, each member of the household must complete the attached Occupancy Agreement and fax it to (305) 371-1376. For more information please contact Donna De Nard at (305) 547-1982 or (305)628-8140.



**Carrfour's Housing Assistance Program**

**Occupancy Application**

**Note: Any false information will result in rejection of this application. Please print.**

**General Information**

Name of head of household:		SSN	Phone	Date
Mailing Address		City/State/Zip	DOB	Sex
Driver's License Number		Other ID Number		
Referred by ( Agency Name)		Contact Person/Phone Number		

**Total Household Income: List all money earned or received by you.**

Weekly Wage	TANF	SSDI/SSI Benefits	Unemployment Benefits	All Other Income	Total Annual Income

**Employment Information**

Current Employer	Job Title	Employer Address	Employer Phone

**Asset Declaration**

**YES NO**

1. Do you own any assets such as: cash held in savings or checking accounts or safety deposit boxes, real estate, a boat, a mobile home, trusts, stocks, bonds, mutual funds, certificates of deposits, money market funds, IRA or Keogh accounts, retirement or pension funds, life insurance, personal property held as an investment, lump sum receipts? If yes, specify type of asset and current market value. \$		
2. Have you sold real estate in the last two years? If yes, what was the market value? \$		
3. Do you have a savings or checking account? If yes, what is the value? \$		
4. Do you own a car? If yes, what year, make/model?		
5. Does anyone outside your household pay for any of your bills or give you money?		

**If you answered "yes" to any of the above questions, please describe.**

---



---



---



---

**Outstanding Loans and Obligations**

Monthly Child Support	Monthly Car Payment	Credit Cards (Total Balance)	Other (Please Indicate)

**List the last two years of residential history:**

Address	Phone	From	To	Why did you leave?

**Describe where you are currently living. If you are living on the streets, indicate where. If you are staying in a shelter or a transitional housing program, indicate the name of the shelter or program.**

---

---

---

**What circumstances led you to the living arrangement you described above?**

---

---

---

---

---

---

---

---

---

---

---

**In case of emergency contact:**

Name	Address	Phone	Relationship

**Other:**

**Yes No**

Have you used any names or Social Security number(s) other than the ones currently used?		
Have you ever lived in assisted housing?		
Have you ever been evicted or been served with eviction papers?		
Have you ever been arrested of any crime other than a traffic violation?		
Have you ever committed fraud in housing programs or been requested to repay money for making misrepresentations?		

If you answered yes to any of the above questions, please explain:

---

---

---

---

---

---

---

---

---

---

How might this program assist you? What do you hope to accomplish while you are living in this program?

---

---

---

---

---

---

---

---

---

---

Your signature indicates everything in this application is true, complete and accurate. False information on this application will result in rejection of your application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date