

**Homeless Housing Prevention Fund  
Permanent Housing Assistance Application**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Male**      **Female**      **Last Four Soc Security No** \_\_\_\_\_

**Ethnicity:**      **Hispanic**      **African-American**      **White**  
**Asian/Pacific Islander**      **Native American**      **Other** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email address:** \_\_\_\_\_

**Are you a U.S. citizen or permanent resident?**      **Yes**      **No**  
**Are you eligible for or receiving ILP services?**      **Yes**      **No**

**Name of ILP Coordinator** \_\_\_\_\_

**Have you received ILP/THP rental assistance?**      **Yes**      **No**      **When** \_\_\_\_\_

**Are you a parenting youth (children residing with you)?**      **Yes**      **No**  
**Number of children** \_\_\_\_\_

**Are you currently or have you received any services from the Probation Dept?**  
**Yes**      **No**

**If yes, Please Explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you completed high school/GED certificate?**      **Yes**      **No**

**Are you enrolled in school or a vocational training program?**      **Yes**      **No**

**Name of School/Program:** \_\_\_\_\_

**Est. date of completion:** \_\_\_\_\_

**Current Housing:**      Please check the correct response

Homeless                      At risk of homelessness                      Transitional Housing  
Own apartment/house(rental)                      With relatives or friends  
Shelter                      Other \_\_\_\_\_

When did you move to the current location: \_\_\_\_\_

Name(s) and relationship(s) of other persons residing in the home: \_\_\_\_\_

Have you ever resided in a transitional housing program?      Yes      No

Name of Program and dates of attendance \_\_\_\_\_

Program Contact Name and No: \_\_\_\_\_

Did you complete the program?                      Yes                      No

If you did not complete the program why? \_\_\_\_\_

Do you have a roommate?                      Yes                      No

Have you registered with a roommate locator service? (e.g. Roommates.com, Roommate Finders? etc.)      Yes                      No

**Financial Information**

Are you currently employed?                      Yes                      No

If not employed, explain why \_\_\_\_\_

Name and address of Employer \_\_\_\_\_

Tel No. of Employer \_\_\_\_\_ Length of employment \_\_\_\_\_

Monthly salary \$ \_\_\_\_\_

Do you have any other source of income or resources (e.g. GR, AFDC/TANF, SSI)?

Yes                      No                      Monthly Amt. \$ \_\_\_\_\_

Do you have any savings?    Yes                    No                    Amt. \$ \_\_\_\_\_

**Services Requested**

**Rental Assistance:**

Security Deposit                    1<sup>st</sup> Mo. Rent                    100% of Rent 1-3 months

Other \_\_\_\_\_

**Utility Connection:**

Gas                    Electricity                    Water                    Rubbish

Other \_\_\_\_\_

**Furniture/Appliances:**

Bed/Sofa Bed                    Crib                    Dresser                    Chest                    Dinette Table

Stove                    Refrigerator                    Microwave                    Other \_\_\_\_\_

**Briefly explain why you are applying for assistance**

**I certify that the information contained in the application is true and correct to the best of my knowledge. I understand that I will receive six (6) months of follow-up services and I must maintain monthly contact with the DCFS representative.**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Return completed application, recommendation letter and list of current expenses to:**

**Al Willis  
DCFS, Youth Development Services  
3530 Wilshire Blvd. 4<sup>th</sup> floor  
Los Angeles, CA 90010  
Phone (213) 351-0239  
Fax (213) 637-0042  
Email: williah@dcfs.lacounty.gov**