

WESTMORELAND COMMUNITY ACTION
COMMUNITY SOLUTIONS
APPLICATION

Name: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Phone Number: _____ Alternate Number: _____

I: ELIGIBILITY

**All applicants must have a mental health diagnosis, be able to live independently, and have an income that will allow them to pay the monthly rental amount of 25% of monthly income (not exceeding \$300.00) and a one-time Security Deposit in the amount of \$300.00. Please include verification of your mental health diagnosis such as a psychiatric evaluation, and income verification in the form of an SSI or SSD determination letter or employment pay stubs. **

1. Please list your mental health diagnosis and provide verification of diagnosis.

2. What is your main source of income and how much do you receive monthly?

II: SELF CARE

1. Are you able to perform personal care tasks, such as bathing and dressing without assistance?

Yes

No

Please briefly explain "No" answer below:

2. Can you evacuate the building in emergency situations without assistance?

Yes

No

Please explain "No" answer below:

3. Are you able to manage personal finances, such as paying rent/bills on time?

Yes

No

Please explain "No" answers in detail

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4. Are you able to take all prescribed medications as directed and order all prescribed medications in a timely manner?

- Yes No

Please explain "No" answer below:

III: LEGAL, PAST TENANT/LANDLORD, BEHAVIORAL & INCOME

1. Do you have a history of dangerous or disruptive behaviors, such as fire setting, angry outbursts, etc.?

- Yes
 No

Please explain "Yes" answer in detail:

2. Do you have any past, current, or pending legal issues? Community Solutions will conduct a Criminal History search, using the Pennsylvania Unified Judicial System Public Web Portal, on ALL APPLICANTS.

- Yes
 No

Please explain "Yes" answer in detail and include a copy of your criminal history with this application, also disclose if you are registered under Megan's Law.

3. How long were you at your previous address? Please provide your previous landlord's name and phone number so that we may contact him/her for a reference.

- 1-6 months 6-12 months 12 months or more

Previous Landlord name and number: _____

4. Were you evicted from your previous address for non-payment of rent, drug related activity, violence or violating the terms of your lease agreement?

- Yes
 No

Please explain "Yes" answers in detail:

5. Do you currently receive any rental assistance, such as Tenant Based Rental Assistance or a Section 8 Voucher, through the Westmoreland County Housing Authority?

- Yes No

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6. Do you currently receive Housing Supports through Threshold, Family Services, Passavant, SPHS or any provider not listed?

- Yes
- No

Please provide the name and phone number of the agency of your Housing Supports provider.

Signature of Applicant

Date

Signature of Person Completing Form if Other Than Applicant

Date

WCSI or ACTT Contact Name

Contact Number or email

For Office Use Only

Date of Application: _____

Date Application Received: _____

Application Received By: _____