



SHELTER CARE APPLICATION

Application date: _____

Name of Property: _____

Address: _____

Name of person submitting request Title

Phone Email

Organization Information

Organization Name: _____

Organization Address: _____

Office Phone: _____

Tax Identification Number: _____

Client Information (if applicable)

Case Manager Name: _____

Case Manager phone #: _____ Email: _____

Section I: Organization Information

1. Please describe the shelter's mission, objectives and current programs and services:
(Attach additional pages if necessary. Please attach brochure or flyer about your organization)

2. Type of clientele served (check all that apply):

| |
|---|
| <input type="checkbox"/> Single adults (<i>male / female</i>) |
| <input type="checkbox"/> Families (including children) |
| <input type="checkbox"/> Other (please specify): _____ |

3. Age of clientele served (check all that apply):

| |
|--------------------------------|
| <input type="checkbox"/> 0-12 |
| <input type="checkbox"/> 13-18 |
| <input type="checkbox"/> 19-25 |
| <input type="checkbox"/> 26-40 |
| <input type="checkbox"/> 41-60 |
| <input type="checkbox"/> 60+ |

4. Reasons your clients become homeless (check all that apply):

| | |
|---|--|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Disability |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Chronic Substance Abuse |
| <input type="checkbox"/> Chronic Health Problem | <input type="checkbox"/> Job Loss |
| <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Other (please specify): _____ |

5. What is the main reason people come to your organization for help? _____

6. Approximate number of individuals and families served **each year** through your organization:

of individuals: _____ # of families: _____

7. What county or jurisdiction are your clients from (check all that apply):

| | |
|---|--|
| <input type="checkbox"/> Arlington County | <input type="checkbox"/> Loudoun County |
| <input type="checkbox"/> Fairfax County (includes City of Alexandria, City of Fairfax and City of Falls Church) | <input type="checkbox"/> Prince William County (includes City of Manassas and Manassas Park) |
| <input type="checkbox"/> Fauquier County | <input type="checkbox"/> Other Virginia areas |
| <input type="checkbox"/> Maryland | <input type="checkbox"/> Washington, D.C. |

8. From which jurisdiction do you see the most clients? _____

9. What percentage of your adult clients are employed? _____

10. What is a client's average length of time in your housing program? _____

Section II: Property Information

1. Type of Property:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Condo | <input type="checkbox"/> Single Family Home |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Townhouse |
| | <input type="checkbox"/> Other _____ |
2. Property is used as:
- | | |
|---|---|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Transitional |
| <input type="checkbox"/> Permanent Supportive | <input type="checkbox"/> Affordable Housing |
3. Please list the number of families, individuals, and children this home accommodates monthly?
- # of families: _____ # of individuals: _____
- # of children: _____
4. How long has your organization owned this property? _____
5. How many properties does your organization own? _____
6. What is a client's average length of time in this home? _____
7. Scope of Work:
(please attach a separate document describing the work to be done to the property):
- _____
8. Timing of repair (any timing info that will help us in coordinating with our Builder Captain and Trade Partners) and hours available for work to take place:
- _____
9. When was the last assessment conducted on this property?
- Date: _____ Value: _____
10. Is the property currently vacant? Yes
 No
11. Do you know who will be moving into this property after completion of the project?
- _____
12. Are there funds available to use towards this project?
- Yes
 No