



HIPhousing

## SELF-SUFFICIENCY HOUSING SCHOLARSHIP – PRE-APPLICATION

(To be completed by Client)

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Partner's Name & DOB \_\_\_\_\_ Marital Status \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Phone Number: cell(\_\_\_\_\_) \_\_\_\_\_ home/work(\_\_\_\_\_) \_\_\_\_\_

Number of dependent children: \_\_\_\_\_ Sex and age of children: \_\_\_\_\_

### SCHOOL OR TRAINING INFORMATION:

☐ I am attending a community college or training program (Name) \_\_\_\_\_

What is your major & how long will it take to complete? \_\_\_\_\_

☐ I have met with an academic counselor to go over my educational plan: Date: \_\_\_\_\_

List the job you want to get after completing school: \_\_\_\_\_

### MY CURRENT HOUSING SITUATION IS THE FOLLOWING:

☐ I am current homeless (in shelter, couch surfing, in car) For how long? \_\_\_\_\_

☐ I am living with my family. For how long? \_\_\_\_\_

☐ I am renting an apartment. How much is the rent?: \_\_\_\_\_

☐ I am renting a room in someone's home. How much is the rent?: \_\_\_\_\_

### *Please check boxes that apply to YOU (and your partner if applicable):*

- ☐ I am over 18 or an emancipated minor
- ☐ I am an emancipated foster youth age 18 & over
- ☐ I am a parent with minor children (under age 18) living with me more than 51% of the time
- ☐ I am living, working or going to school in San Mateo County
- ☐ I have the legal right to work in the United States
- ☐ I meet the annual income limits for my family size (80% of annual median income) (Family of 2=\$103,350; Family of 3=\$116,250; Family of 4=\$129,150) **for HIP scholarship only**
- ☐ I meet the annual income lists for my family size (50% of annual median income) (Family of 2=\$64,500; Family of 3=\$72,500; Family of 4=\$80,600) **for SHARE scholarship only**
- ☐ I am registered for, enrolled in, or have recently completed vocational training or an education program (within last 6 months).
- ☐ My education or training program will be completed within 1 or 2 years
- ☐ My education or training program will increase my earning power and lead to a career that will allow my family to be financially self-supporting
- ☐ If in recovery, I have been clean and sober for at least 6 months

I HAVE BEEN IN A TREATMENT CENTER FOR ALCOHOL/DRUG ADDICTIONS: YES \_\_\_\_\_ NO \_\_\_\_\_

Which Program? \_\_\_\_\_ For how long? \_\_\_\_\_ Date of completion \_\_\_\_\_

**Confidentiality:** All client information will be held in strictest confidence with some exceptions which are allowed or mandated by law including: situations where the client is a danger to themselves or another person, suspected abuse or neglect of children or the elderly, by court order, or appropriate discussion with other professionals for consultation.

Please fax, email or mail completed form to Regina Greissinger, Program Assistant

Fax: (650) 348-0284, email: [rgreissinger@hiphousing.org](mailto:rgreissinger@hiphousing.org)

Address: 800 S. Claremont Street #210, San Mateo, CA 94402

Questions? Call (650) 348-6660 x325