



PO BOX 1677 · TAOS, NM 87571
 PHONE : 575-758-9595 · FAX : 575-758-2045
 INFO@DREAMTREEPROJECT.ORG · DREAMTREEPROJECT.ORG

Head of Household Information

Date Application was completed: _____

Applicant Name: _____

Preferred Name: _____

What gender do you identify with? woman man trans gender non

not listed: _____

Date of Birth: _____ Phone number: _____ Is it safe to leave a message? Y N

Email address: _____ Mailing address: _____

If we have trouble contacting you, is there anyone else we can contact (i.e. friend, family, or case manager)

Name of Contact	Phone Number	Email Address

Additional Household Information

Please list all other household members who would be living in the housing unit with you. Include household members who are currently ***not staying with you but who will live with you once you have housing.***

Name	Relationship	Age

Homelessness History

Documentation of current living situation is required before applicant can be accepted into a CoC Housing Program. For some CoC Housing Programs, documentation of prior months/episodes of homelessness will also be required.

What is your current living situation (check one):

	Apartment, but about to be evicted	How much longer can you stay?
	Emergency Shelter	
	Fleeing domestic violence	
	Doubled up with family/friends	How much longer can you stay?
	Hospital/Nursing home	How long have you been there?
	Jail or Prison?	How long have you been there?
	Motel/hotel paid by you	
	Motel/hotel paid for by an agency	
	Place not meant for human habitation	
	Substance abuse recovery program	How long have you been there?
	Transitional Housing Program	
	Other: (Please Describe)	

If you are currently living in a hospital/nursing home, jail/prison, a substance abuse recovery program or transitional housing program, briefly describe where you were living immediately before:

Please provide a brief description of your current living situation:

Have you been continuously living in an emergency shelter or place not meant for human habitation for at least 12 months? Yes No

How many separate times have you lived in an emergency shelter or place not meant for human habitation in the last 3 years? # of times

If you add up all these times, would it be more or less than 12 months? more less

Disability Information

Documentation of disability is required before an applicant can be accepted into a CoC Permanent Supportive Housing Program.

Does applicant or another household member have a disability that is expected to be of long duration?

Yes No

If yes, check which type of disability (check all that apply)

Type of Disability	Name of household member who has the disability
Mental Health	
Substance Abuse	
Developmental Disability	
HIV/ AIDS	
Physical Disability or Chronic Illness	

Certification

I certify that the information provided in this application is true and complete to the best of my knowledge and belief. I understand that all CoC housing programs will need to obtain documentation of my current living situation before determining eligibility. I understand that some types of CoC housing programs will also need to obtain documentation of my past months/episodes of homelessness and documentation of my disability (or household member's disability) before determining eligibility.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

Release of Information

This Common Application may be shared with any New Mexico Continuum of Care funded supportive housing program that may be able to assist me with housing.

This Common Application may only be shared with the following Continuum of Care funded supportive housing programs(list here):

This Common Application may **not** be shared with any other program.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

For Internal Use Only

Please complete and return this page of the Common Application via fax or email to Coordinated Assessment System staff within 48 hours of making an eligibility decision.

Fax: 1-888-527-6480 Email: cap@nmceh.org

Program Information

Agency: _____

Housing Program: _____

Name on Title of Person Determining Eligibility: _____

Email: _____ Phone: _____

Applicant Information

Applicant HMIS #: _____

As of _____ (date), applicant was ranked as # _____ out of # _____ on the CAS prioritization list.

Eligibility Determination

_____ HUD required eligibility documentation has been secured and applicant is eligible for the above CoC housing program.

_____ Applicant was determined to be ineligible for the above program for the following reason:

1. _____ Applicant does not meet HUD requirements for CoC Housing Program. Please explain:

2. _____ Applicant does not meet program specific eligibility requirements. Please explain:

3. _____ The applicant is not permitted to participate in services provided by this agency due to History of dangerous or threatening behavior to agency staff. Please explain:

4. _____ Applicant was unreachable after _____ attempts were made to contact them within _____ days and is no longer being considered for participation in the above program at this time.