



Lakeshore CAP

Home – ARP Intake Application

Program Overview:

This program is designed to prevent and/or combat homelessness in Sheboygan, Manitowoc, Kewaunee, and Door Counties. Lakeshore CAP is utilizing HOME-ARP funding to provide a holistic, client centered, medium-term to long-term assistance program. This includes supportive services to stabilize households and reduce housing instability. The program serves individuals and families who fall under one of the four qualifying populations outlined below

Household Information:

Household Members

Self

Full Name	Head of Household	Gender	Disabled	Race & Ethnicity	D.O.B	Veteran
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Full Name	Relationship to HoH	Gender	Disabled	Race & Ethnicity	D.O.B	Veteran
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Full Name	Relationship to HoH	Gender	Disabled	Race & Ethnicity	D.O.B	Veteran
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Contact Information

Preferred Communication

Phone Number: _____

Call Text

Email: _____

Voicemail Email

Address: _____

Income Information

I certify that no one in my household currently receives any form of income. This includes wages, benefits, assistance, or financial support from any source. I understand that I must report any changes in income and that all information provided is true to the best of my knowledge.

	MONTHLY GROSS AMOUNT	NAME OF RECIPIENT(s)
Employment Wage	\$ _____	_____
W2 or W2T	\$ _____	_____
Child Support	\$ _____	_____
SSDI	\$ _____	_____
SSI	\$ _____	_____
Unemployment Benefits	\$ _____	_____
Pension / Retirement	\$ _____	_____
Retirement Disability	\$ _____	_____
Self-employment Wages	\$ _____	_____
Workers Compensation	\$ _____	_____
Alimony	\$ _____	_____
Veteran Service Conn Disability	\$ _____	_____
Cash Income	\$ _____	_____
Other	\$ _____	_____

MONTHLY GROSS INCOME TOTAL \$ _____

ANNUAL INCOME \$ _____

Non-Cash Benefit Information:

	MONTHLY GROSS AMOUNT	NAME OF RECIPIENT(s)
Food Share	\$ _____	_____
WIC	\$ _____	_____
VA Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Medicaid (<i>Badger Care</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<i>Please Specify:</i> _____		
Section-8/Rental Subsidy	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
DVR	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Healthy Start	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Energy Assistance (LIHEAP/WHEAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
WIA – Workforce Investment Act	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
HUD-VASH- Veterans	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Qualifying Population (*Select All That Apply*):

To be eligible for the HOME-ARP program, households must meet the criteria for at least one of the following qualifying populations:

1. Individuals or families experiencing homelessness
 - Category 1: Literally Homeless – Individuals and families lacking a fixed, regular, and adequate nighttime residence, including those living in places not meant for human habitation (cars, parks, abandoned buildings), emergency shelters, or transitional housing.
 - Category 2: Imminent Risk of Homelessness – Individuals or families who will imminently lose their primary nighttime residence (within 14 days) and lack resources or support networks to secure housing.
 - Category 3: Homeless under Other Federal Statutes – Unaccompanied youth under 25 years old, or families with children and youth, who meet federal definitions of homelessness (such as the Education Subtitle of the McKinney-Vento Act) and have experienced long-term instability and barriers to housing.
2. Individuals or families at risk of homelessness
 - Very low income (30% AMI or less) AND lacking sufficient resources/support networks AND experiencing housing instability such as:
 - Recent moves due to economic hardship
 - Doubling up with others
 - Imminent eviction
 - Living in overcrowded or unstable housing
3. Individuals or families fleeing or attempting to flee
 - Domestic violence, dating violence, sexual assault, stalking, or human trafficking (*No documentation of the trauma is required beyond self-certification or statement from service provider.*)
4. Other families requiring services or housing assistance to prevent homelessness or those at greatest risk of housing instability
 - Previously homeless and now receiving time-limited assistance
 - Paying more than 50% of monthly income toward housing
 - Income less than 30% or 50% AMI (as applicable) with documented housing instability

Screening Questions:

1. Do you currently have a lease in your name?
 Yes No
2. Are you currently working with any other housing assistance programs (e.g., CoC PSH, TBRA, EHH, Section-8)?
 Yes No
If yes, please list: _____

3. Do you need assistance with:

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Rental
Application Fees | <input type="checkbox"/> Short-Term
Rental Assistance | <input type="checkbox"/> Utility
Assistance
<i>(arrears, deposits,
payments)</i> | <input type="checkbox"/> Storage
Costs | <input type="checkbox"/> Legal <i>(refer to Legal
Action)</i> |
| <input type="checkbox"/> Security
Deposit | <input type="checkbox"/> Long-Term
Rental Assistance
<i>(TBRA)</i> | <input type="checkbox"/> Moving
Costs | <input type="checkbox"/> Child
Care | |

**Services are provided based on program guidelines and available funding; availability is not guaranteed.*

Main Contact for HOME-ARP Program at Lakeshore CAP:

Name: Sandra Bauer
Phone: (920)-803-6991
Email: sandrab@lakeshorecap.org

Acknowledgement & Signature:

By signing below, I affirm that the information provided is true and complete to the best of my knowledge. I understand this application is the first step in determining eligibility for HOME-ARP assistance.

Head of Household Signature: _____

Date: _____

Verbal Consent

Additional Household Member Signature: _____

Date: _____

Verbal Consent

Staff Signature: _____

Date: _____