

Dear Applicant,

Thank you for applying to live at Eden Village of Kansas City. Here are a few things that you need to know:

To qualify to live at Eden Village of Kansas City you must meet **all three** of the following requirements:

1. You must have been homeless consecutively for the last 12 months in the Kansas City Metro area.
2. Have a disability (mental or physical)
3. Be able to pay \$375.00 per month for rent which includes utilities, laundry, and activities in the resource center. We wouldn't want this to be a hardship on anyone so applicants need to have a source of income at the time of move-in: employment, sponsorship, disability check, etc.

If you did not meet these requirements when you applied, please call or email us to let us know if your circumstances have changed (got a job or another income source, when you have been homeless for 12 months, etc.)

Our waiting list is long, but we do not select residents based on chronological order. Many factors are considered in the selection process to ensure it will be good for you to live in Eden Village and that you will be a good neighbor and enjoy our community.

It is vital that we have a **current phone number** to be able to reach you. If you do not have a number then please give the number for someone who will be able to find you. If we cannot reach you then we will move on to the next person on the list.

There is a high demand for homes at Eden Village of Kansas City. We understand that having a home is vital, and we try to house new residents as soon as possible. That being said, there is a fixed amount of homes available and we currently do not have enough homes to house all of the people that apply. Once all houses are full, applications will still be taken but applicants will not be housed until a home becomes available. Homes may become available as residents move out but there is no predicted schedule for when that will happen.

It is important that you know that each home is single occupancy only.

Email is the best way to contact us if you have questions. Staff are usually available between 9:00 a.m. and 4:00 p.m. Monday through Friday.

Thank you,
Eden Village of Kansas City Staff
info@edenvillagekc.org



EDEN VILLAGE OF KANSAS CITY

a program of Three Dog Night Charities

APPLICATION PACKET

Included

- Application
- Qualifying Disability and Homelessness Verification
- Statement of Independence
- Favorites

Please include the following with this application

- A copy of a photo ID
- Income verification
- Insurance verification
- Pet documentation *(if applicable)*
- Vehicle documentation *(if applicable)*

**For an application to be considered,
all documentation must be included**

APPLICATION

Complete Legal Name _____
First Middle Last

Nickname or other names used _____

Date of Birth _____ Proof of age document _____

Place of Birth _____

Social Security # _____ - _____ - _____

Driver's License/State ID # _____

EmailAddress _____

CellPhone# _____

Work Phone # _____

Do you currently have a case manager? Yes (list name below) No

Name _____

Agency _____

Phone # _____

Date of application ____/____/____

Income

List all sources of income and expenses. Sources of Income must be verifiable. Please attach copies of documentation (*i.e., pay stubs*) that will assist us in verifying a stable source of income.

Earned Income (Job) \$
Unemployment Insurance \$
Supplemental Security Insurance (551) \$
Social Security Disability Insurance (5501) \$
VA (Service Connected Disability) \$
VA (Non-service Connected Disability) \$
Private Disability Insurance \$
Worker's Compensation \$
General Assistance \$
Social Security Retirement \$
Pension/Retirement from job \$
Child Support \$
Alimony/Spousal Support \$
Other _____ \$
Other _____ \$
SNAP (Food Stamps) \$
WIC \$
Section 8, Public Housing or other on-going rental assistance \$
Other Source _____
Temporary Assistance \$
TOTAL \$

Employment

If you are employed, please list where you work, how long you have worked there, and your employment status (*full time, part time*)

Company _____ Length of Employment _____

Part time or Full time _____

Expenses

Phone \$
Car Payment/Insurance/Maintenance \$
Food \$
Transportation/Gasoline \$
Medical (Doctor, prescriptions, etc.) \$
Other - \$
Other - \$

TOTAL \$

1. Are you currently covered by health insurance? _____ Yes _____ No

If so, what type of insurance:

_____ Medicaid _____ VA Medical Services
_____ Medicare _____ Employer Provided
_____ Private

If you have health insurance, you are required to attach a copy of your health insurance card.

This application is not complete without the proper documentation of health insurance.

2. Do you have a primary care provider? _____ Yes _____ No

If so, who (*include location*) _____

3. Do you have a mental healthcare provider? _____ Yes _____ No

If so, who (*include location*) _____

4. Are you a victim or survivor of domestic violence? _____ Yes _____ No

If so, when? _____ By whom? _____

5. Are you at least 18 years of age? _____

6. Do you currently have any outstanding warrants for your arrest?
_____ Yes _____ No

If yes, please explain: _____

Do you have any open legal cases filed against you? _____ Yes _____ No

Do you have any pending charges against you? _____ Yes _____ No

7. Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please explain: _____

8. Have you ever been arrested? _____ Yes _____ No

If yes, what were you charged with: _____

9. Have you ever been arrested and/or convicted of domestic violence?

_____ Yes _____ No If yes, what were you charged with: _____

10. Are you a registered sex offender? _____ Yes _____ No

If yes, please explain: _____

11. Are you currently on probation? _____ Yes _____ No

If yes, please explain: _____

When do you expect probation to end? _____

12. Have you been evicted from housing in the past? _____ Yes _____ No

If yes, please explain: _____

13. Do you currently have any drug or alcohol addiction issues?

_____ Yes _____ No

14. Have you had drug and/or alcohol issues in the past?

_____ Yes _____ No

15. Would you be willing to submit to a drug test? _____ Yes _____ No

16. Do you own any animals? _____ Yes _____ No

If so, what type and breed? _____

How much do they weigh? _____ lbs

17. Are you a smoker? _____ Yes _____ No

18. Do you use chewing tobacco? _____ Yes _____ No

19. What is the highest level of education you have completed? _____

20. Do you have difficulty with reading or writing? _____ Yes _____ No If

yes, please explain: _____

21. Have you had an incident of bed bugs in the last 12 months?

_____ Yes _____ No

22. Do you own a car that will be parked on property? _____ Yes _____ No If

*you answered yes, you are required to show proof that your car's registration is up-to-date. Please note that vehicles are prohibited from parking on the premises if they are inoperable, have no license plate, no current registration, or no current registration sticker. **This application is not complete without attached proper documentation for any cars you own.***

23. Do you own any vehicles? _____ Yes _____ No

If yes, how many of each and what kind ? _____

24. Are you currently receiving community services? If so, What are they?

If not, are you willing to receive services while living at Eden Village?

25. Any prior military service? _____ Yes _____ No

Branch: _____

Veteran Status: _____

Do you have a copy of your DD-214? _____

26. Do you have a medical marijuana license? _____ Yes _____ No

27. Do you take any controlled substances that are prescribed to you?

_____ Yes _____ No

If yes, list prescribed medications:

28. Do you have children that are minors? _____ Yes _____ No

29. Do you have the following End of Life Documents? Check all that apply

_____ Declaration of Guardian

_____ Directive to Physicians

_____ Durable Power of Attorney

_____ HIPAA Release

_____ Death Certificate Information Sheet

Personal References - List 3 people **who are NOT family members** and can serve as personal references.

First Name _____ Last Name _____ Relationship _____ _____ Phone (_____) - _____ - _____ Address _____ _____ City/State/Zip _____ _____
First Name _____ Last Name _____ Relationship _____ _____ Phone (_____) - _____ - _____ Address _____ _____ City/State/Zip _____ _____
First Name _____ Last Name _____ Relationship _____ _____ Phone (_____) - _____ - _____ Address _____ _____ City/State/Zip _____ _____

Professional/Agency References - List 3 people who are NOT family members and can serve as personal references.

First Name _____ Last Name _____ Relationship _____ _____ Phone (____) - _____ - _____ Address _____ _____ City/State/Zip _____ _____
First Name _____ Last Name _____ Relationship _____ _____ Phone (____) - _____ - _____ Address _____ _____ City/State/Zip _____ _____
First Name _____ Last Name _____ Relationship _____ _____ Phone (____) - _____ - _____ Address _____ _____ City/State/Zip _____ _____

By signing this application, I guarantee the accuracy and completeness of the information provided. I also give Three Dog Night Charities permission to have a Public Data Search and a criminal background check conducted on me.

_____/_____/_____
 Applicant signature Date

QUALIFYING DISABILITY AND HOMELESSNESS VERIFICATION

Chronically Homeless Qualification Checklist

Eden Village defines a chronically homeless person as - ***an unaccompanied homeless person*** (a single homeless person who is alone and is not part of a homeless family and not accompanied by children) with the following

Part I - A disabling condition. Check the appropriate box(es)

Do you have any disabilities?		Yes	No
<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Alzheimer's/Dementia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cognitive	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Developmental	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Learning	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mental Handicap/Injury	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Physical/Medical	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Physical/Mobility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Visual	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Speech	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

What medical or mental diagnoses do you have? _____

Are each of the disabilities listed above expected to be of a long, continued and indefinite duration and substantially impair your daily life? If no, please list which do not.

Which of the above disabilities are you currently receiving treatment for?

Part II - How long have you lived in the Kansas City metropolitan area?

Part III - Chronically Homelessness Status.

_____ Yes _____ No Have you been continuously homeless for a year or more. (HUD defines "homeless" as "a person sleeping in a place not meant for human habitation e.g. living on the streets for example OR living in a homeless emergency shelter.)

The date you lost housing: _____ What circumstances caused you to lose housing? _____

When did you last sleep inside? _____

Where do you sleep most often? _____ List who can verify that you sleep there?

Name _____ Phone Number _____

Part III is supported by Third Party Certification, which includes dates and locations of homelessness, from one or more of the following. Check ALL that apply

_____ Certification letter(s) from an emergency shelter for the homeless.

_____ Certification letter(s) from a homeless service provider or outreach worker.

_____ Certification letter(s) from any other health or human service provider.

_____ Certification self-statement signed by the client.

THIRD PARTY CHRONIC HOMELESSNESS VERIFICATION

*Make every effort to complete BOTH sections of the **Third Party** and the **Self-certification***

Name of person being verified as homeless _____

NOTE - Because third party verification is the preferred method of certifying chronic homelessness or risk for an individual who is applying for housing, all efforts to obtain third party verification should be exhausted before relying on the self-certification of housing. WHEN to use this: When HMIS records or other objective documentation is not available for any period of homelessness of 30 days or more.

Examples of third party verifiers: Business owner, past case manager, fellow homeless individual, other service provider, etc.

THIRD PARTY VERIFICATION

Name _____ Date ____/____/____

What is your relation to the person being verified as homeless

Where have you witnessed the client to be homeless (*specific location*)

When have you witnessed the client to be homeless list dates [MM/YYYY] to [MM/YYYY]

SELF-CERTIFICATION of Chronic Homelessness

Please make every effort to complete BOTH this form and the third party certification on the previous page.

Knowing that . . .

- Episodes (“occasions”) of homelessness are broken up by any period of time where the client was housed for 7 days or more
 - Transitional housing and hotels or motels paid for by the client are classified as housing for those eligibility purposes
 - The following are classified as emergency shelters: hotels and motels that are paid for by charitable organizations or by federal, state, and local government programs. (City Union Mission, Project 1020, etc.)
-
- Institution stays of less than 90 days are considered a continuation of homelessness, if the client entered from a place not meant for human habitation, emergency shelter, or safe haven; if the institution stay is greater than 90 days, this constitutes a break in homelessness.

Have you been continuously homeless for the last 12 months? _____Yes _____No

Describe homelessness over the past 12 months. Include all dates and sleeping locations (i.e. [month/year] to [month/year] at [location]):

Oral Statement - I self-certify that I . . .

By signing below I certify that the information presented in this application is true to the best of my knowledge. I understand that false or misleading information may result in termination of housing.

_____/_____/_____
Applicant Signature Date

CASE MANAGER CERTIFICATION

I understand that third party verification is the preferred method of certifying chronic homelessness for an individual who is applying for housing. I understand self declaration is only permitted when I have attempted but cannot obtain third party verification.

Documentation of attempt made for third party verification

Case Manager Signature _____ Date____/____/_____

STATEMENT OF INDEPENDENCE

Eden Village of Kansas City is an innovative program of Three Dog Night Charities and is designed to provide independent, affordable, sustainable housing with dignity to those who are experiencing chronic homelessness. Chronic homelessness is defined as being continuously homeless for one year or more.

It is the expectation that all applicants will be able to live independently as single occupants in a home in a community environment. The occupant(s) will be expected to maintain a clean and orderly home. **Eden Village of Kansas City staff will make random and periodic inspections to ensure the home is kept in an orderly fashion.**

Eden Village does not provide case management services or counseling. (Medical or psychiatric care, house cleaning, transportation, etc.) Most of the services that an applicant may need will be obtained from outside sources and made available in the Eden Village of Kansas City's Resource Center.

Eden Village of Kansas City and applicant(s) acknowledge that it is very difficult to live on a limited income. It will be important for the applicant(s) to understand what other services are available in the city that would help offset the cost of everyday living.

By signing this document, I attest that I am financially, physically and emotionally fit to live independently as set out above. All information provided is true and accurate. I understand that any inaccuracy or incomplete information provided could cause my application to be rejected.

_____	_____	____/____/____
Applicant's Signature	Printed Name	Date

Favorites

As a neighbor of Eden Village we want to get to know you better! Please fill out the following survey and let us know some fun facts about yourself.

1. Do you have any hobbies? What are you interested in? _____

2. What is your favorite color? _____
3. What is your favorite movie? _____
4. What is your favorite book? _____
5. If you have a favorite flower, what is it? _____
6. What are your favorite foods? _____
7. What kind of music do you like to listen to? _____
8. Do you have a pet? If so, what kind? _____