



South Bay Community Services
Homeless Prevention and Rapid re-housing Program
Pre-screening form



Important: Phone screening is the first step towards entering the waiting list. Applicants must provide accurate information to ensure that the process moves to the next step. Providing inaccurate information will only delay or deny the process. Passing all questions on this screening form DOES NOT guarantee that the client will qualify. Further eligibility criteria will be determined at the initial consultation.

Applicant Name:	Phone:	# of Adults:	# of Children:
Address:		City:	Zip:

Resident Status Qualification

1. Are all adults in the household a U.S. citizen, legal resident, or qualified alien? Yes No

Income Qualification

2. Does the applicant's income meet the 50% AMI limit? (circle household size and annual income)

HH Size	1	2	3	4	5	6	7	8	
Annual Income	\$0	\$27,500	\$31,400	\$35,350	\$39,250	\$42,400	\$45,550	\$48,700	\$51,850

Yes No

Housing Status Qualification

3. The applicant:

Homeless Prevention (At risk)	Rapid Re-housing (Literally Homeless)
<input type="checkbox"/> has a lease/rental agreement with their name on it AND <input type="checkbox"/> has a 3-day Pay or Quit notice <input type="checkbox"/> has a 30-day eviction notice <input type="checkbox"/> is staying with family and is being evicted <input type="checkbox"/> is staying with friends and is being evicted <input type="checkbox"/> has a home/apartment that is unsafe to live in <input type="checkbox"/> has proof applicant's apartment complex is being foreclosed <input type="checkbox"/> None	<input type="checkbox"/> is in a place not meant for human habitation (street, car, abandoned building) <input type="checkbox"/> is staying at an emergency shelter <input type="checkbox"/> is in transitional housing <input type="checkbox"/> is fleeing domestic violence <input type="checkbox"/> is staying at a hotel/motel <input type="checkbox"/> None

Financial Resources Qualification

4. Has the applicant applied for ALL eligible public resources, such as Section 8 (proof of waiting list required), CalWorks, SSI, HUD low-income affordable housing, or any other resources that may assist the current housing need? Yes No

5. Is the complex the applicant is residing in or attempting to reside in funded by a housing program such as Section 8 or a Low Income/Affordable housing Project? Yes No

6. Is the client currently receiving any type of assistance from another program? Yes No

Type of Assistance	Rental/Subsidy Assistance	Utility Assistance
Amount/Month of Assistance		

7. Is the client able to get any support from any other family members or friends? Yes No

Homeless Prevention Assistance	Rapid Re-Housing Assistance
Amount of Rental Arrears Needed:	Max rent client is seeking:
Current Rent:	