

CSP# \_\_\_\_\_

Stable Families Screening Form

Date: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you been in the Stable Families Program before?      Y      N

Have you been in the shelter in the past 6 months?      Y      N

Are you or any other household member a veteran?      Y      N

Do you have a child or children in your custody under  
the age of 18?      Y      N

Family Status: Single Parent with child(ren) \_\_\_\_\_

Two Parent with child(ren) \_\_\_\_\_

Family Size: # Adults \_\_\_\_\_ # Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

Do you or any member of the household have income?      Y      N

What is your monthly income source/sources? (Place amount below)

Earned Income \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ SSDI \$ \_\_\_\_\_ TANF \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Do you rent?    Y    N    Do you currently have and eviction/3 day notice?    Y    N    Type: \_\_\_\_\_

Is your lease?    1 year    6 month    month to month    other - type \_\_\_\_\_

How much do you owe? \_\_\_\_\_ Is your Landlord willing to work with you?    Y    N    Don't Know

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What led you to become in this crisis situation? Please describe:

\_\_\_\_\_

**Double up information:**

Where are you staying now?    Family \_\_\_\_\_ Friends \_\_\_\_\_ Other \_\_\_\_\_

Do you have a possible Landlord willing to rent to you?    Y    N