



**PORCHLIGHT, INC**  
*Solutions to Homelessness*

**APPLICATION**  
**FOR HOUSING AND SERVICES**

Thank you for your interest in Porchlight, Inc. As a non-profit, volunteer-intensive agency, Porchlight provides emergency shelter, food, employment services, and affordable housing to individuals and families throughout Madison and the surrounding area. Our mission is to meet the needs of homeless households by providing housing and services designed to foster independence and support both transitional and permanent housing opportunities.

Porchlight operates multiple housing units ranging from single room occupancy (SRO) units to family units with 2-4 bedrooms. The majority of the units are leased on a month-to-month basis. The programs we offer and the rules for maintaining housing differ from site to site. One of Porchlight's purposes, in addition to providing low-cost housing, is to provide opportunities for residents to participate in life skills training programs. Most sites require participation in these services. These programs are described on the following pages.

Please read the information in this packet carefully. It contains important information about the programs you are applying for and instructions for completing the application. After you have read it completely, sign the "Acknowledgement of Receipt of Applicant Procedures and Tenant Selection Processes", complete the application, and return both the signed page and the application to:

**Porchlight, Inc.**  
**306 N. Brooks Street**  
**Madison, WI 53715**  
**(608) 257-2534**  
**Fax: (608) 257-2507**

*Porchlight, Inc. does business in accordance with the Federal Fair Housing Law and does not engage in the practice of discrimination against any person on the basis of race, religion, color, national origin or ancestry, source of income, disability/handicap, domestic partners, arrest and conviction record (except in specific instances and outlined by law), less than honorable military discharge, physical appearance, sexual appearance, sexual orientation, political beliefs, student status, or familial status (having children).*

**For more information, please call: (608) 257-2534**

## Application Procedures and Tenant Selection Process

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The following information is provided so that you may better understand the application process and tenant selection process. Please read it carefully. If you have questions, contact the Housing Intake Specialist at (608) 257-2534.

- Applications are available through the Drop-In Shelter, Hospitality House, Salvation Army and at the Porchlight website and offices at 306 N. Brooks Street. An application can be sent directly to individuals seeking housing by contacting the Housing Specialist at (608) 257-2534. A referral is not needed to apply for housing with Porchlight
- The completed application is returned to Porchlight, 306 N. Brooks Street, Madison, WI 53715.
- Because of the extensive time and cost involved in processing an application, the applicant must call to activate the application after they have submitted the application to Porchlight. To activate the application please call (608) 257-2534 and state that you are calling to check on the status of your application. Applications will be processed and placed on the wait list in chronological order. You may not leave a message to activate.
- Some Porchlight units are funded through Federal and State funding sources (i.e. HOME Funds, CDBG, HUD, etc.) These units may only be rented to tenants who meet the income and homeless status guidelines of those funding sources. Applicants who qualify for federal preference guidelines will be given first consideration for HOME funded units.
- Porchlight staff conducts several background and reference checks while processing the application. These may include:
  - o Housing/Landlord references
  - o Income/Employment verification
  - o Character/Professional references which may include treatment providers and professionals working in mental health, social work, alcohol and drug abuse, and the criminal justice/probation/parole areas
  - o Criminal History
- Porchlight understands that many applicants will have less than favorable histories with previous landlords, criminal activity, unstable employment, mental health problems, or substance abuse issues. Porchlight is willing to provide housing to applicants in the following circumstances:
  - o The applicant shows willingness to change destructive behaviors that have led to homelessness in the past.
  - o Applicants are willing to participate in the supportive case management services offered by Porchlight and deemed necessary by the case manager.
  - o For applicants with a history of substance use issues, a willingness to remain substance-free may be required. Additional participation in Narcotics Anonymous, Alcoholics Anonymous, or counseling may also be required.
  - o Compliance with any and all medication regimens.
  - o Compliance with the employment requirements as specified by the housing program
  - o Ability to comply with general sanitation requirements.
  - o Utilization of a Protective Payee as deemed necessary by program staff.
- The Director of Housing and/or the Case Management staff conduct an interview with the applicant to determine eligibility and appropriateness for housing with Porchlight.
- The applicant is accepted or denied. Those applicants who request to be notified will receive written notice of the rejection and reasons for rejection. All applicants who apply for HOME funded units will receive written notice of the rejection and reasons for rejection.
- Residents of Porchlight properties will be given a minimum of 30 days notice of any rent increases.

**For Veteran's Applying for**  
**Veteran's Transitional Housing Program**  
**Application Procedures and Tenant Selection Process**

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The following information is provided so that you may better understand the application process and tenant selection process. Please read it carefully. If you have questions, contact the Housing Intake Specialist at (608) 257-2534.

- Applications are available at all Porchlight programs and the VA Homeless Program Office. An application can be sent directly to individuals seeking housing by contacting the Housing Specialist at (608) 257-2534. A referral is not needed to apply for the VA Sober Living Program. **The completed long form application, copy of DD214, income award letters and signed release of information is returned to Porchlight, 306 N. Brooks Street, Madison, WI 53715.**
- Application is activated after submission to Porchlight. Applications will be processed when all applicable documentation is received and placed on the wait list in chronological order.
- This program is only available to male veterans meeting the income and homeless status guidelines of the Veterans Administration grant an Per Diem Program. This is an up **two year transitional housing first program**. Residents pay 30% of their adjusted gross income for rent. Income is not necessary for admission to this program. There is a cap on the maximum rent paid which can change annually.
- Porchlight staff conducts several background and reference checks while processing the application. These may include:
  - Housing/Landlord references
  - Income/Employment verification
  - Character/Professional references which may include treatment providers and professionals working in mental health, social work, alcohol and drug abuse, and the criminal justice/probation/parole areas
  - **Criminal History – Only 5 sex offenders in program at any given time. Anyone on probation or parole must provide a copy of their probation or parole rules.**
  - **DD214 – must not have a dishonorable discharge. Less than honorable is acceptable. VA will verify this information. Veteran must have served at least 1 day of active duty.**
- Porchlight understands that many applicants will have less than favorable histories with previous landlords, criminal activity, unstable employment, mental health problems, or substance abuse issues. Porchlight is willing to provide housing to applicants in the following circumstances:
  - The applicant shows willingness to change destructive behaviors that have led to homelessness.
  - Applicants are willing to participate in the supportive case management services offered by Porchlight and VA and deemed necessary by the case manager. Also agrees to have ongoing communication and case planning with/between Porchlight and the VA Hospital.  
For applicants with a history of substance use issues, a willingness to remain substance-free will be required. Additional participation in Community Support Programs such as Narcotics Anonymous, Alcoholics Anonymous, or inpatient or outpatient counseling may also be required.
  - **Must have 30 days of sobriety before entering the program unless there is other documentable evidence of a commitment to recovery and sober living. Applicants will be requested to sign a statement declaring 30 days sobriety and submit to a drug/alcohol screen at move-in.**
  - Compliance with any and all medication regimens.
  - Compliance with the employment requirements if able to work or compliance with applying for other sources of income that you may qualify for as specified by the housing program
  - Ability to comply with general sanitation and personal hygiene requirements.
  - Utilization of a Protective Payee as deemed necessary by program staff.
- The Director of Housing and/or the Case Management staff conduct an interview with the applicant to determine eligibility and appropriateness for housing with Porchlight.
- The applicant is accepted or denied. Those applicants who request to be notified will receive written notice of the rejection and reasons for rejection. Any appeals of denial must be in writing.
- Residents of Porchlight properties will be given a minimum of 30 days notice of any rent increases.

**Porchlight, Inc.**  
306 North Brooks Street  
Madison, WI 53715  
(608) 257-2534  
Fax: (608) 257-2507

**Acknowledgement of Receipt of Applicant Procedures and Tenant Selection Process**

I, \_\_\_\_\_ have read and understand the process and

(Printed Name)

procedure utilized by Porchlight in determining my eligibility for housing and services. I understand that I must complete the application fully and honestly and that my failure to do so may result in the rejection of my application for housing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**Return this page with your completed application to:**

**Porchlight, Inc.**  
**306 N. Brooks Street**  
**Madison, WI 53715**

***For office use only:***

	Date Activated:	ID#
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## Household Information:

Complete the following information for each household member that will occupy the unit at time of move-in.  
All applicants over the age of 18 must complete a separate application:

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>	Full-Time Student Yes or No
	<b>HEAD</b>				

**Current Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Daytime Phone:** (     )     \_\_\_\_\_ **Evening Phone:** (     )     \_\_\_\_\_

**Check either YES or NO to each question. If yes, please provide explanation.**

**YES    NO**

- 1. Do you expect any additions to the household within the next twelve months?**  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- 2. Do you have full custody of your child(ren)?**  
 Explanation of custody arrangements: \_\_\_\_\_  
 \_\_\_\_\_

### Professional References:

List THREE people who you know that **are not family members or friends and whom you've been in contact with within the last three months.** (i.e. Doctors, Counselors, Therapist, Clergy, Shelter Staff, Case Worker, Employers, Probation/Parole Agent, Social Worker, etc.)

Name of Reference	Relationship to You	Phone Number	Address

## Housing History:

List the past THREE years of housing history. Dates (month/Year) must be in chronological reverse order with no gaps in date history. Please include shelters, incarcerations, homeless etc. *(If additional space is required, use additional sheet of paper)*

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Do you Own or Rent</u>	<u>Dates Month/Year</u>
1. _____ _____ _____	_____	Own <input type="radio"/>	From: _____(month/year)
		Rent <input type="radio"/>	To: <b>CURRENT</b>
		On Lease? Yes _____ No _____	
Phone: (    ) _____	Is this your current address?	Yes _____ No _____	
2. _____	_____	Own <input type="radio"/>	From: _____(month/year)
_____	_____	Rent <input type="radio"/>	To: _____(month/year)
_____	_____	On Lease? Yes _____ No _____	
Phone: (    ) _____			
3. _____	_____	Own <input type="radio"/>	From: _____(month/year)
_____	_____	Rent <input type="radio"/>	To: _____(month/year)
_____	_____	On Lease? Yes _____ No _____	
Phone: (    ) _____			

**YES**    **NO**

       **Have you ever been evicted from an apartment or mutually agreed to end a lease for any reason?**

When & Explanation: \_\_\_\_\_

**YES**    **NO**

       **Have you ever lived in subsidized housing? If yes, please list apartment community name, dates and address:**

**YES**    **NO**

       **Do you have a pet or service animal? If yes, please state what kind and breed**

## Vehicle Identification:

1.    License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

2.    License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

## Emergency Contact:

Name/Address    *(If possible, list someone in the area that is not listed on the application.)*

Phone: (    ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Income Information:**

Include all income anticipated for the next 12 months. Include the dollar (\$) amount in the space provided.

**(Check either YES or NO to each question.)**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

**YES    NO**

- 1.    Employment wages or salaries?**  
*(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

- 2.    Self-employment? Please provide 2 years of tax returns.**

<u>NAME OF COMPANY</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

- 3.    Regular pay as a member of the Armed Forces?**

<u>WHICH BRANCH?</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

- 4.    Unemployment benefits or workman’s compensation?**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

- 5.    Public Assistance, General Relief, W-2 or Aid to Families with Dependent Children (AFDC)? Does not include food stamps.**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

- 6.    Child support or alimony? (Any *AWARDED* amounts—collected or uncollected)**

<u>WHERE SUPPORT AWARDED</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

- 7.    Social Security, SSI or any other payments from the Social Security Administration? Please include a copy of your award letter.**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

YES    NO

o        o

8. **Veteran's benefits, pensions, retirement benefits or annuities? Please include a copy of your award letter.**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

o        o

9. **Severance payments?**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

o        o

10. **Settlements?** *(Such as insurance settlements)*

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

o        o

11. **Disability or death benefits? Please include a copy of your award letter.**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

o        o

12. **Regular gifts or payments from anyone outside of the household?**

*(This includes anyone supplementing your income or paying any of your bills.)*

<u>WHO</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

o        o

13. **Educational grants, scholarships, or other student benefits?**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

o        o

14. **Lottery winnings or inheritances?**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

o        o

15. **Payments from rental property, land contracts or other forms of real estate? Please Supply Documentation.**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

o        o

16. **Any other income sources or types not listed?**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>



**Asset Information:**

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

**Include ALL assets held by ALL household members including minors.**

**Do YOU or ANYONE in your household have a:**

**YES    NO**

       **1. Checking or savings accounts?**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT IN ACCOUNT</u>

       **2. CDs or money market accounts?**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT IN ACCOUNT</u>

       **3. Stocks, bonds or securities – including US savings bonds. Please provide copy of each US savings bond**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>CURRENT VALUE</u>

       **4. Trust funds or Whole life insurance policies?**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>AMOUNT PER MONTH</u>

       **5. Pensions, IRAs, 401 K or other retirement accounts?**

<u>WHERE</u>	<u>ADDRESS AND PHONE</u>	<u>CURRENT VALUE</u>

       **6. Cash on hand over \$500?**

Household Member: \_\_\_\_\_

Amount: \_\_\_\_\_

- o o 7. **Real estate, rental property, land contracts/contract for deeds or other real estate holdings?** *(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property. Also please include a copy of your last year's tax statement.)*

<u>TYPE</u>	<u>ADDRESS</u>	<u>VALUE</u>

- o o 8. **Personal property as an investment?** *(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)*

<u>TYPE</u>	<u>VALUE</u>

- o o 9. **A safe deposit box?**

Household Member: \_\_\_\_\_

Estimated Value of Contents: \_\_\_\_\_

- o o 10. **Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**

Household Member: \_\_\_\_\_

Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_

**Zero Income Verification:**

Do YOU or is ANY OTHER ADULT member of your household:

**YES    NO**

- o o 1. **Currently have NO source of income? If so, who?** \_\_\_\_\_

**Student Information:**

Are YOU or is ANYONE (INCLUDING CHILDREN) in your household:

**YES    NO**

- o o 1. **Currently A full-time student, or planning to be one within the next 12 months?**

Household member name(s) \_\_\_\_\_

**IF YES, THE ABOVE NAMED STUDENT(S) MUST ANSWER THE FOLLOWING QUESTIONS:**

*(You will need to provide verification of all items to which you answered YES.)*

- o o a. **Are you married and currently filing a joint tax return?**
- o o b. **Are you receiving AFDC (Aid to Families with Dependent Children)?**
- o o c. **Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?**
- o o d. **Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?**
- o o e. **Will you be living with someone who is not a full-time student? If so, who?** \_\_\_\_\_

**Live-In Care Attendant:**

**YES**    **NO**

- 1. Will you or anyone in your household require a live-in care attendant?**

Name of Live-in Care Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

**Section 8 Rental Assistance:**

**YES**    **NO**

- 1. Will your household be receiving Section 8 rental assistance at time of move-in?**

Name of Agency: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

**Additional Information:**

**YES**    **NO**

- 1. Has any member of your household ever been convicted of a crime (not including traffic violations)? If yes, please list household member's name and explain**

\_\_\_\_\_

- 2. Does any member of your household have a Probation/Parole Agent? If yes, please list household member's name and name and phone for P.O.:**

\_\_\_\_\_

- 3. Does any member of your household have a representative payee? If yes, please list household member's name and name and phone for representative payee:**

\_\_\_\_\_

- 4. Does any member of your household have a case worker/manager? If yes, please list household member's name and name and phone for case worker/manager:**

\_\_\_\_\_

- 5. Will the case worker continue to provide services after you move into the property?**

\_\_\_\_\_

- 6. Has any member of your household served in the US Military? If yes, please list household member's name and type of discharge: (Provide copy of DD214)**

\_\_\_\_\_

- 7. Does any member of your household currently own any guns (i.e. pistol, rifle, pellet, etc.)? If yes, please list household member's name and explain:**

\_\_\_\_\_

- 8. Have you ever had an infestation of pests (bed bugs, roaches, termites, etc.)? If yes please list which pest and dates:**

\_\_\_\_\_

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information and documentation to properly process your application and verify your eligibility. This will include names, addresses, telephone and fax numbers, account numbers where applicable and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household's eligibility for the Affordable Housing Tax Credit Program/ HUD/Home or various other affordable housing programs. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Affordable Housing Tax Credit Program/ HUD/Home or various other affordable housing program requirements.

**All ADULT household members must sign below:**

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**Signature**

**Date**

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**Signature**

**Date**

---

**Signature**

**Date**

**For Office Use Only**

**Date of Interview:**

**Desired Property:**

**Desired Move-in Date:**



**PORCHLIGHT, Inc.**  
**306 N. Brooks Street**  
**Madison, WI 53715**

**Phone: 608-257-2534**  
**Fax: 608-257-2507**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/We hereby authorize PORCHLIGHT, INC. to obtain INCOME, ASSET, MEDICAL, CHILDCARE AND HANDICAPPED CARE EXPENSE AND REFERENCE information from current and previous entities (including but not limited to employers, financial institutions, brokerage companies, insurance companies, pension plans and administrators, medical providers, clinics, hospitals, pharmacies, daycare centers, social service agencies, governmental agencies, etc.) and/or persons that I/we have indicated on my/our current or previous certification(s)/application(s) as being the contact for providing such information. I/We understand this information will be used for the purpose of determining eligibility and/or calculating a level of benefits. I/We understand that my/our refusal to sign this consent form may result in the denial of benefits to which I/we may otherwise be eligible and may result in loss of my/our housing benefits. Some recipient(s) may not be subject to federal data privacy regulations and the information disclosed may be used or re-disclosed without those legal protections. I/We understand that I/we have a right to revoke this consent by written request to the address above, except to the extent that the disclosing party has taken action in reliance upon this consent. I/We understand that I/we am/are entitled to a copy of this consent and authorize Porchlight, Inc. to make multiple copies of this consent to facilitate the collection of needed information.

PRINTED TENANT/APPLICANT NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

TENANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED CO-TENANT/CO-APPLICANT NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CO-TENANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This authorization is valid until resident revokes authorization.

TENANT/APPLICANT CURRENT ADDRESS: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a) (6), (7) and (8).\*\*