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Thank you for your interest in Porchlight, Inc. Porchlight operates multiple housing units ranging from single room occupancy (SRO) units to family units with 1-4 bedrooms. The majority of the units are leased through the Dane County Coordinated Entry list. The programs we offer and the rules for maintaining housing differ from site to site. The majority of leases are month to month. 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. Some housing programs may require meeting with case management.

Below are the Porchlight Properties you can directly apply for:

• Brooks Street

Permanent single room occupancy units with shared kitchen and bathrooms for low-income men and women. Case management services are not provided.

• Porchlight Veteran's Housing Program

Transitional single room occupancy units for homeless persons who have served in the U.S. military and have honorable discharges. Sober living environment with case management services provided. (Must provide DD214 form). Must be currently homeless to qualify.

Complete the intake application and return to:

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

You must call 257-2534 approximately 5 business days after you submit <u>to "activate</u>" your intake application.

Call every 4 weeks <u>to "check-in"</u> and keep your application active during the waiting period. Call Monday – Friday, 8 am to 4:30 pm (Voicemails are not considered a valid activation or check-in)



PORCHLIGHT, INC

Solutions to Homelessness



Household Information:

Name First, Middle Initial, Last	Relationship to Head of Household	M/F	Social Security Number	Birthdate Month, Date, Year	Full-Time Student Yes or No
	HEAD				
	<u>Co</u>	ontact 1	information:		
Mailing Address:					
_					
Telephone: ()		A 1	ternative Phone: ()	
	Inc	ome In	formation:		
o you currently have NO sou	rce of income? Yes	3	No		
nclude all income anticipated for the next 12 months:			Social Security:	\$	per month
			Employment:	\$	per month
			Other:	\$	per month
	Ho	ousing 1	Information:		
Please choose which housi	ng program you ar	e applyi	ng for: B	rooks Street (indiv	viduals only)
			P	orchlight Veteran'	s Housing
By signing below, you a your application active					
application is activated					

Signature