



HIPhousing

SELF-SUFFICIENCY SCHOLARSHIP – PRE-APPLICATION

(To be completed by Client)

Date: _____ Name: _____ Date of Birth: _____

Spouse/Partner's Name & DOB _____ Marital Status _____

Mailing Address: _____ Veteran? Yes _____ No _____

Phone Number: cell(_____) _____ home/work(_____) _____

Number of dependent children: _____ Sex and age of children: _____

SCHOOL OR TRAINING INFORMATION:

I am attending a community college or training program (Name) _____

What is your major & how long will it take to complete? _____

I have met with an academic counselor to go over my educational plan: Date: _____

List the job you want to get after completing school: _____

MY CURRENT HOUSING SITUATION IS THE FOLLOWING:

I am current homeless (in shelter, couch surfing, in car) For how long? _____

I am living with my family. For how long? _____

I am renting an apartment. How much is the rent?: _____

I am renting a room in someone's home. How much is the rent?: _____

Please check boxes that apply to YOU (and your partner if applicable):

- I am over 18 or an emancipated minor
- I am a parent with minor children (under age 18) living with me more than 51% of the time
- I am living, working or going to school in San Mateo County
- I have the legal right to work in the United States
- I meet the annual income limits for my family size (2=\$52,650, 3=\$59,250, 4=\$65,800)
- I am registered for, enrolled in, or have recently completed vocational training or an education program (within last 6 months).
- My education or training program will be completed within 1 or 2 years
- My education or training program will increase my earning power and lead to a career that will allow my family to be financially self-supporting
- If in recovery, I have been clean and sober for at least 6 months

I HAVE BEEN IN A TREATMENT CENTER FOR ALCOHOL/DRUG ADDICTIONS: YES _____ NO _____

Which Program? _____ For how long? _____ Date of completion _____

Confidentiality: All client information will be held in strictest confidence with some exceptions which are allowed or mandated by law including: situations where the client is a danger to themselves or another person, suspected abuse or neglect of children or the elderly, by court order, or appropriate discussion with other professionals for consultation.

Please fax, email or mail completed form to Regina Martin, Program Assistant
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Questions? Call (650) 348-6660 x325