

Seton House Transitional Housing Program Application Packet

Thank you for your interest in the St. Elizabeth Ann Seton House Transitional Housing Program. Seton House provides case management and temporary housing for unaccompanied women with or without small children. The goal of the program is to assist clients in transitioning to permanent living environments. Length of program stay will vary depending on individual situations. A monthly program fee is required. Units are furnished and include kitchen, bath and sleeping areas. Basic eligibility requirements include:

- Confirmed homelessness
- Documented, steady source of income
- Physical and mental health sufficient to live independently
- Desire to participate in case management activities

The following are some of the requirements of Seton House residents:

- Pay monthly program fees and make progress toward established goals.
- Participate in periodic meetings with manager as scheduled.
- Be responsible for keeping living units clean and well-maintained.
- Be good members of Seton House and the surrounding community by being respectful of other residents, reporting criminal activity and illegal drug and/or alcohol activities, and contributing to the good of the neighborhood.

Seton House rules include:

- No adult males allowed in the building or on the property.
- No drug activity, weapons, violence, noise disturbances, etc.
- Keep focused on and work toward individual goals.

A candidate or program participant who requires specific visual, audio or mobility aids or services should discuss her situation with the Manager. Text telephone users can access the program through the Wisconsin Telecommunications Relay System at 800-947-3529. Program participants are guests in a Society of St. Vincent de Paul housing program and pay program fees, not rent. Therefore, they are not entitled to Wisconsin rental property tenant rights. The program manager may enter units at any time, without notice, to verify safety and program issues.

An application is attached. If you are interested in the program, complete the application as the first step in the consideration process. An unconsidered application will be active through the end of the calendar quarter following the quarter in which it is submitted. **Be sure to advise changes in application data.** **The application should be mailed to Seton House, 1301 Williamson Street, Madison, WI 53703 or faxed to 608-252-8403.**

If you disagree with any decision relating to your application you should describe the situation in writing and submit it to the Executive Director of St. Vincent de Paul at P.O. Box 259686, Madison, WI, 53725. Further redress is available first through the Special Works Committee and then through the Board of Directors, at the same address.

**St. Elizabeth Ann Seton House
Program Application**

St. Vincent De Paul Society
1301 Williamson Street
Madison, WI 53703
608- 819-1061
Fax: 608-252-8403

Date of application: _____
Name (First Middle and Last): _____
Date of Birth: _____
Current street address: _____
City: _____ State: _____ Zip: _____
Phone number where you can be reached about this application: _____

I am applying for transitional housing for:

Myself only

Myself and my children. For children you want to be with you at Seton House,
please list full name, date of birth, relationship (son/daughter) and confirm custody and placement.

First name	Middle name	Last name	DOB	Son/daughter	Legal Custody (Y/N)	Placement (Y/N)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Sources of Income:
Current employer: _____ Date employed _____
Work location (street address, city, state): _____
Current Wage: _____ Position: _____ Hours per wk: _____
Name of Supervisor: _____ Area code and phone: _____

Previous employer: _____ From (date) _____ To (date) _____
Work location (street address, city, state): _____
Ending Wage: _____ Position: _____
Name of Supervisor: _____ Area code and phone: _____

Other sources of income:

Source	Amount	Frequency (per week, month, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have health insurance? Yes No Do you want assistance to sign up? _____
Are you on Foodshare? Yes No Do you want assistance to sign up? _____

References:

Other professionals involved with you and/or your family?

Social Worker _____ Phone# _____
 Payee _____ Phone# _____
 Probation Officer _____ Phone# _____
 Parole Agent _____ Phone# _____
 Other _____ Phone # _____

Addresses in past five years (most recent first):

From: Month _____ Year _____ To: Month _____ Year _____

Street address _____

City and State: _____ Zip Code _____

Was your name on the lease: _____

Landlord's name and phone number: _____

Why did you leave? Explain in detail any evictions or housing disputes.

Do you owe money to this landlord? Yes No If yes, how much? _____

From: Month _____ Year _____ To: Month _____ Year _____

Street address _____

City and State: _____ Zip Code _____

Was your name on the lease: _____

Landlord's name and phone number: _____

Why did you leave? Explain in detail any evictions or housing disputes.

Do you owe money to this landlord? Yes No If yes, how much? _____

From: Month _____ Year _____ To: Month _____ Year _____

Street address _____

City and State: _____ Zip Code _____

Was your name on the lease: _____

Landlord's name and phone number: _____

Why did you leave? Explain in detail any evictions or housing disputes.

Do you owe money to this landlord? Yes No If yes, how much? _____

Attach additional sheets as necessary to provide a full five years of housing history.

Do you currently use illegal drugs? _____

Have you been arrested or convicted of a misdemeanor in the past five years? _____
If yes, please explain. _____

Have you been arrested or convicted of a felony in the past five years? _____
If yes, please explain. _____

Describe your current situation and your goals for moving to permanent housing.

Have you applied for permanent housing? Yes No If yes, give the name(s) of
places where you have applied.

Have you ever lived in a transitional housing program or shelter? Yes No If yes,
where? _____

What obstacles lie in the way of your obtaining and/or maintaining permanent housing in the
community?

What are you doing to overcome those obstacles?

What kind of help do you want from the Seton House program?

How did you hear about Seton House?

I verify that the information I have provided in this application is correct and true to the best of
my knowledge. I understand that omitting information and/or providing false information may
invalidate this application and/or jeopardize my participation in program. I authorize Seton
House to verify the above information and I consent to the release of the necessary information
to determine my eligibility.

Printed Name: _____

Signature: _____ Date: _____

**STATEMENT OF HOMELESSNESS
(For HUD Regulation Compliance)**

FULL NAME OF APPLICANT: _____

I hereby confirm that I am homeless as of the date I sign this statement. I am homeless for the following reason(s):

I confirm that I have been homeless since: _____
Day/ Month/ Year

Please give contact information (name, address and telephone number) for someone (shelter worker, case manager, etc.) who can verify your homeless status:

I understand that falsification of information on this form will result in the disqualification of my application and/or termination from the St. Elizabeth Ann Seton House program.

Signature of above named applicant: _____
Date signed: _____

Name of witness: _____
Signature of witness: _____
Date Signed: _____