



CLIENT ELIGIBILITY REQUIREMENTS

1. **Identification (for everyone in your household):**
 - a. Picture ID or Driver's License or Passport
 - b. Birth Certificates for Children
2. **Proof of Burbank Residence:**
 - a. Recent Utility Bill showing service in your name and at your address or a copy of your lease
3. **Proof of Income (for everyone in your household):**
 - a. Work Pay Stubs or Banking Statement
 - b. Public Benefits Statements for:
 - I. General Relief and Food Stamps
 - II. Social Security

All the documents should be submitted in **printed form**. After being qualified, clients need only to bring a photo ID on each subsequent visit. All clients are asked to update their information every year by bringing in all the documents listed above.

REQUISITOS PARA CLIENTES

1. **Identificación:**
 - a. ID con Foto o Licencia de Conducir o Pasaporte
 - b. Acta de Nacimiento para los Niños
2. **Prueba de Residencia en Burbank:**
 - a. Reciente declaración de utilidades o La copia del contrato de arrendamiento
3. **Prueba de Ingreso:**
 - a. Declaración de Nomina o de Banco
 - b. Declaración de Utilidad Publica:
 - I. Asistencia Social o Estampeas de Comida
 - II. Segura Social

Todos los documentos deben presentarse en **forma impresa**. Después de ser calificados, los clientes solo necesitan traer una identificación con foto en cada visita posterior. Se solicita a todos los clientes que actualicen su información cada año presentando todos los documentos mencionados anteriormente.



INTAKE FORM - HOUSED

HALA CLIENT Y N

Client Demographic Information

Full Name _____ Date of Birth ___ / ___ / ___

Address _____

Phone _____ Email _____

Gender Female Male Non-Binary Decline to State

Race / Ethnicity

Hispanic (check if yes)

If you don't identify as Hispanic, please select which race/ethnicities you identify with (you may select more than one):

White Black / African American

Asian American Indian / Alaskan Native

Other multi-racial Decline to State

Participant and Household Background

Household Size (number of people living in the same home): _____

Is the head of your household female? Yes No Are you disabled? Yes No

Are you a senior (62 or older)? Yes No Are you a veteran? Yes No

Housing Information

What is your housing situation? Rent Own Staying with family/friends

Treatment Facility or Temporary Housing

How long have you lived at your current address? _____

Is your housing subsidized? Yes No

How would you describe your housing status? Stable Unstable

Household Information

You may skip this section if there are no other members in your household

List all members of your household (other than yourself)

Full Name _____ Date of Birth ___ / ___ / ___

Relationship _____ Gender _____

Race / Ethnicity _____

Full Name _____ Date of Birth ___ / ___ / ___

Relationship _____ Gender _____

Race / Ethnicity _____

Full Name _____ Date of Birth ___ / ___ / ___

Relationship _____ Gender _____

Race / Ethnicity _____

Full Name _____ Date of Birth ___ / ___ / ___

Relationship _____ Gender _____

Race / Ethnicity _____

Full Name _____ Date of Birth ___ / ___ / ___

Relationship _____ Gender _____

Race / Ethnicity _____

Full Name _____ Date of Birth ___ / ___ / ___

Relationship _____ Gender _____

Race / Ethnicity _____

Services

What services are you interested in? (Please check all that apply.)

___ Groceries

___ HALA Rental Assistance

___ Laundry

___ Utility Assistance (Project Share)

___ Transportation / LIFE Program

Income Verification

Please list all sources of income. Documentation must be provided for all income sources before you can receive services.

Type of Income: _____ Amount \$ _____

Do you or someone in your household receive General Relief / Cal Works? If yes, please provide the amount: \$ _____

Do you or someone in your household receive Food Stamps / Cal Fresh? If yes, please provide the amount: \$ _____

Do you or someone in your household receive Medi-Cal? _____

ACKNOWLEDGEMENT AND DISCLAIMER

The abovementioned program is funded, in part, by the U.S. Department of Housing and Urban Development (HUD). HUD monitors the city as to the income and ethnicity of program participants, The information being requested is only for monitoring and auditing purposes, as required by HUD. It is not intended for public dissemination.

This application must be completed and signed by the participant or the participant's legal guardian who seeks to receive benefits from the program listed above. Proof of residence and household income may be requested.

I hereby certify under penalty of perjury that the above information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

Signature of Participant (or Parent / Guardian *if a minor*)

Date