



ELIGIBILITY SCREENING

Household must meet all five eligibility criteria and provide documentation.

1. Does the household live in one of the nine counties of the San Francisco Bay Area?

Alameda Contra Costa Marin Napa San Francisco San Mateo Santa Clara Solano Sonoma
None of the above, applicant is not eligible. (STOP APPLICATION)

2. Has any adult member of the household received assistance from Season of Sharing Fund in any of the above counties in the last five years?

No
Yes, applicant is not eligible. (STOP APPLICATION)

3. Is the household experiencing homelessness, housing instability and/or lacks financial resources to cover critical needs (check all that apply)?

At risk of homelessness or housing instability.
Currently homeless.
Lacks financial resources to cover critical needs to maintain housing, personal independence, or employment.
(Critical Needs applicants)
None of the above, applicant is not eligible. (STOP APPLICATION)

4. Is the primary applicant included in one of the following priority populations (check one)?

Households with dependent children under 18 years of age.
Persons who are age 55 and older.
Disabled individuals.
Veterans.
Pregnant individuals in their 2nd or 3rd trimester.
Survivors of intimate partner violence.
Emancipated foster youth between 18 and 24.
None of the above, applicant is not eligible. (STOP APPLICATION)

5. Is the household experiencing an emergency, crisis, or unexpected event for which financial assistance is needed to maintain or improve household stability (check all that apply)?

Action by landlord or property management.
Loss of income.
Loss or delay of public benefits.
Medical emergency.
Natural disaster (fire, flood, etc).
Sudden increase in critical expenses.
Lacks financial resources to cover critical needs and/or move-in costs.
Other emergency crisis that threatens household stability: _____
None of the above, applicant is not eligible. (STOP APPLICATION)

If all eligibility requirements have been met, complete the application and provide supporting documentation for review. All applications must be approved prior to receiving assistance. For information on how to complete an application and necessary documentation, applicants can refer to posted instructions or speak with a case worker/intake specialist. Case workers/intake specialists can refer to your County's SoS Program Guidelines and Procedures.

Applicant Name: _____ Date: _____



*Fill out form completely and provide supporting documentation.
Applications must be approved prior to receiving assistance.*

NAME (primary applicant): _____ D.O.B _____

ADDRESS: _____ CITY: _____ ZIP: _____

NEW ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____ PHONE: _____

Ethnicity/Race (check one): Hispanic/Latino Not Hispanic/Latino

If not Hispanic/Latino (check one): American Indian/Alaska Native Asian Black/African American
Native Hawaiian/Pacific Islander White Two or More Races Other

LIST ALL OTHER HOUSEHOLD MEMBERS (adults and children):

NAME: _____ D.O.B _____ Under 18 (check Box)

NAME: _____ D.O.B _____ Under 18 (check Box)

NAME: _____ D.O.B _____ Under 18 (check Box)

NAME: _____ D.O.B _____ Under 18 (check Box)

NAME: _____ D.O.B _____ Under 18 (check Box)

NAME: _____ D.O.B _____ Under 18 (check Box)

TOTAL # IN HOUSEHOLD: _____ # CHILDREN UNDER 18 (living in home): _____

EMERGENCY ASSISTANCE REQUESTED

Provide a detailed description for each emergency, crisis or unexpected event selected in the Eligibility Criteria #5 above.

Explain recent or anticipated changes to housing, income, and/or expenses causing financial hardship.

Attach a separate document if more space is needed.

What assistance is needed? Describe actions the household has taken to cover costs prior to seeking assistance. If Season of Sharing Fund financial assistance will not cover the total amount needed, describe actions taken or proposed to cover the remaining amount (i.e., agreement with landlord, support from friends or family, loan, reduce expenses, etc).

AMOUNT OF ASSISTANCE REQUESTED

HOUSING ASSISTANCE	Back rent/mortgage	\$
	Future rent/mortgage	\$
MOVE-IN COSTS	Security Deposit	\$
	First Month Rent	\$
CRITICAL NEEDS	Critical needs (list all critical needs items requested):	\$
TOTAL ASSISTANCE REQUESTED		\$



*Fill out form completely and provide supporting documentation.
Applications must be approved prior to receiving assistance.*

LANDLORD/VENDOR INFORMATION

If approved, make check payable to (Landlord/Vendor): _____ AMOUNT: \$ _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ PHONE: _____

FOR (Name): _____ LANDLORD/VENDOR EMAIL: _____

If approved, make check payable to (Landlord/Vendor): _____ AMOUNT: \$ _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ PHONE: _____

FOR (Name): _____ LANDLORD/VENDOR EMAIL: _____

REFERRAL AGENCY INFORMATION

REFERRAL AGENCY: _____ CONTACT PERSON: _____

EMAIL: _____ PHONE: _____

THIS SECTION TO BE COMPLETED BY APPLICANT

I hereby give my permission to contact any agency/landlord who could be helpful in understanding my situation, and I give my consent to release any information necessary to receive assistance from the Season of Sharing Fund (SOS). This form was completed in its entirety by myself or an authorized caseworker and approved by me prior to my signing.

SIGNATURE: _____ DATE: _____

SEASON OF SHARING FUND CAMPAIGN

I agree to be interviewed and photographed for the SOS Campaign in the following media: San Francisco Chronicle/ SFGate.com, SOS website and television. By agreeing to this, I understand that my photographs and videos are the property of the San Francisco Chronicle and can be used by the Season of Sharing Fund exclusively for future campaign materials, such as annual reports, ads, and videos. (INITIAL HERE)

THIS SECTION TO BE COMPLETED BY APPROVING AGENCY/COUNTY COORDINATOR

CN DENIAL APPROVAL \$ HA DENIAL APPROVAL \$

IF ASSISTANCE WAS DENIED, REASON: _____

DATE LANDLORD/VENDOR VERIFIED: _____

AUTHORIZED SIGNATURE: _____ PHONE: _____ DATE: _____