



Ferry Street Apartments

600 Ferry Street
Easton, PA 18042
Phone: 610-253-3980
Fax: 610-252-4368

Turner Street Apartments

702 Turner Street
Allentown, PA 18102
Phone: 610-435-1490
Fax: 610-433-3282

Attention

Ferry Street Apartments/Turner Street Apartments Referral Agencies:

The Ferry Street Apartments/Turner Street Apartments program is ***NOT JUST AN APARTMENT*** to rent. Operated by the ***Sixth Street Shelter***, the Ferry Street Apartments/Turner Street Apartments program is an intensive educational program for homeless families and their children. The program helps families achieve their educational goals and greater self-sufficiency. Because of the intensity of the program and limited availability, not all applicants can/or will be accepted.

All referred applicants must meet the following criteria:

1. Families must have at least one eligible child under the age of 18 residing with the family.
2. Families must be eligible for 2-3 bedroom apartments.
3. Families must be homeless or near homeless at the time of application.
4. Families must have a prearranged payment plan designed to repay any outstanding debts to local housing authorities.
5. Families must meet Poverty Income Guidelines at 125% or below.
6. Families must be experiencing a situation where significant progress or resolve is possible within the program's 18-24 month period.
7. Families must have a relationship with the referral agency prior to the application.
8. The applicant(s) must be enrolled or must be in the process of enrolling into an education, training, or vocational program.
9. No active drug or alcohol users will be admitted to the program.
10. Past drug/alcohol abusers must be drug free for one year prior to application.

Note: A criminal background check will be performed upon acceptance into the program. Applicants with a criminal background may not qualify.

The attached application should be completed in its entirety (caseworker form and applicant form).

Please note: Incomplete applications cannot be processed and will be returned. For more information on program requirements and availability, call:

Roslyn Kuba
Ferry Street Caseworker
610-253-3980

OR

Jennifer Reyes
Turner Street Caseworker
610-435-1490 ext. 108

Thank you for your interest in the **Ferry Street Apartments/Turner Street Apartments program.**





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LONG-TERM TRANSITIONAL HOUSING REFERRAL FOR THE
FERRY STREET AND TURNER STREET APARTMENTS
(CASEWORKER FORM)

Date Issued: _____ Date filled out: _____

Name of Applicant: _____

Name of Caseworker Making the Referral:

(Print Name and Job Title)

Contact Information: Phone (with extension) _____
E-mail: _____

Referral Agency: _____
(Print Name of Agency)

Agency Address: _____

Agency Telephone: _____



How long have you worked with the applicant?

What are the reasons for the applicant's housing crisis?

Has the referral agency worked with the applicant to explore any educational or training opportunities? If so, what?

What are the applicant's long-term career/training goals?

What obstacles might affect the applicant's ability to attain his/her goals?

What are the applicant's strong points?

What are the applicant's weak points?

Please rate the applicant on the following:

	Poor	Fair	Good	Excellent
Motivation				
Hygiene				
Cleaning Skills				
Cooking Skills				
Money Management				
Time Management				
Parenting Skills				

Are there any additional comments that you would like to make regarding the applicant?

The Ferry Street Apartments/Turner Street Apartments program is not just subsidized housing. It is a program designed to help homeless families and their children become more self-sufficient and improve their family situation. Your signature on this application gives the staff at Ferry Street Apartments/Turner Street Apartments permission to verify all information and share this application with other members of the selection committee.

I have reviewed the Ferry Street Apartments/Turner Street Apartments criteria. This client is eligible for the program and would benefit from its services.

Caseworker Signature

Date

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The following application should be completed entirely and returned to the referring caseworker. **Please note: Incomplete applications cannot be processed and will be returned.** For more information on program requirements and availability, call:

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**LONG-TERM TRANSITIONAL HOUSING APPLICATION FOR
THE FERRY STREET AND TURNER STREET APARTMENTS
(APPLICANT FORM)**

PART 1: PERSONAL INFORMATION

Full Name(s): _____

Telephone: _____

Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

_____ Age: _____

Marital Status:

Never Married Married Widowed Divorced Separated

Is anyone in the family pregnant at this time? Yes No

If yes, who is pregnant and when is the due date?

Other than the agency which has referred you, are there any other agencies providing services to you and your family? If yes, please list those agencies:

1. _____

2. _____

3. _____



PART 2: FAMILY INFORMATION

Please fill in this chart with information about ALL of your children:

A. Child's Name	DOB:	Does he/she have a learning disability? If yes, explain.
Will he/she live at Ferry St/Turner St? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sex:	What school or daycare does he or she attend?

B. Child's Name	DOB:	Does he/she have a learning disability? If yes, explain.
Will he/she live at Ferry St/Turner St? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sex:	What school or daycare does he or she attend?

C. Child's Name	DOB:	Does he/she have a learning disability? If yes, explain.
Will he/she live at Ferry St/Turner St? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sex:	What school or daycare does he or she attend?

D. Child's Name	DOB:	Does he/she have a learning disability? If yes, explain.
Will he/she live at Ferry St/Turner St? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sex:	What school or daycare does he or she attend?

E. Child's Name	DOB:	Does he/she have a learning disability? If yes, explain.
Will he/she live at Ferry St/Turner St? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sex:	What school or daycare does he or she attend?

PART 2: FAMILY INFORMATION (continued)

Are your children having any problems in school or day care?

Do your children have any chronic health or behavior problems?

What parenting goals would you like to work on if you were accepted into the Ferry Street Apartments/Turner Street Apartments program?

PART 3: EDUCATION AND TRAINING

Please list all schools that you have attended since 7th grade. Please include Vo-Tech, college, business or trade schools, and any special skills training that you have received.

A. Elementary/Middle School	Dates attended:	Program of Study
Address of school	State, Zip	Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>

B. High School/Vocational School	Dates attended:	Program of Study
Address of school	State, Zip	Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>

C. Secondary School	Dates attended:	Program of Study
Address of school	State, Zip	Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>

D. Secondary School	Dates attended:	Program of Study
Address of school	State, Zip	Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have a high school diploma? Yes No

If no, what is the highest grade completed? _____

Have you received your G.E.D? Yes No Date Achieved: _____

PART 3: EDUCATION AND TRAINING (continued)

Were any of the schools or specialized trainings, that you listed, required by an agency or employer? Yes No

If so, please explain: _____

What do you feel was your biggest challenge while attending school?

What did you enjoy most while attending school?

What do you feel was your biggest success while attending school?

Are you currently enrolled in an educational/training program? Yes No

If yes, what is the date of enrollment? _____

What is the expected graduation date? _____

If not, why do you want to go back to school or training?

How do you feel about attending school for the next 18-24 months?

PART 3: EDUCATION AND TRAINING (continued)

What is your short-term career goal?

What is your long-term career goal?

How long will it take you to complete a training program to prepare you for that career?

PART 4: EMPLOYMENT HISTORY

Please list ALL employers beginning with the most recent job you've held:

A. Employer Name	Start/End Dates	Title
Address of Employer	State, Zip	Reason for leaving

B. Employer Name	Start/End Dates	Title
Address of Employer	State, Zip	Reason for leaving

C. Employer Name	Start/End Dates	Title
Address of Employer	State, Zip	Reason for leaving

D. Employer Name	Start/End Dates	Title
Address of Employer	State, Zip	Reason for leaving

Which job did you like best and why?

PART 5: INCOME INFORMATION

MONTHLY INCOME:

Sources:	Amount:
Employment:	
Public Assistance (Welfare/Cash Grant):	
Supplemental Security Income (SSI):	
Social Security Disability Income (SSDI):	
Food Stamps:	
Child Support:	
Unemployment:	
Other:	
Other:	
TOTAL:	

ESTIMATED DEBT AMOUNTS:

<u>Type:</u>	<u>Amount:</u>
PPL:	
UGI:	
MET ED:	
BELL OF PA:	
MEDICAL/HOSPITAL:	
CREDIT CARD:	
CELL PHONE:	
CABLE:	
COSTS & FINES:	
OTHER:	
OTHER:	

PART 6: HOUSING INFORMATION

When did you first leave the home of your parents/guardian? Month____Year _____

Please list all places that you have resided in the last 7 years. Please include shelters, doubling up with family or friends, living in cars or streets, rented dwellings, or any other living arrangement.

A. Address	Duration	Amount of rent
Landlord Name and Phone Number	Rent Owed? If yes, how much?	Reason for leaving

B. Address	Duration	Amount of rent
Landlord Name and Phone Number	Rent Owed? If yes, how much?	Reason for leaving

C. Address	Duration	Amount of rent
Landlord Name and Phone Number	Rent Owed? If yes, how much?	Reason for leaving

D. Address	Duration	Amount of rent
Landlord Name and Phone Number	Rent Owed? If yes, how much?	Reason for leaving

E. Address	Duration	Amount of rent
Landlord Name and Phone Number	Rent Owed? If yes, how much?	Reason for leaving

PART 6: HOUSING INFORMATION (continued)

Have you received rental assistance in the last 12 months? Yes No

If yes, where did you receive it from? _____

Have you ever lived in Section 8 housing? Yes No

Have you ever lived in Public Housing? Yes No

If yes, where? _____

Are you currently on the list for subsidized housing? Yes No

If yes, where? _____

Do you have any outstanding debts to any housing authorities? Yes No

If so, to whom? _____ How much? \$ _____

When was debt incurred? _____

How was debt incurred? _____

PART 7: OTHER INFORMATION

Do you have a car? Yes No

If yes, who is the owner of the car? _____

Do you pay insurance for the car? Yes No

If no, who pays the insurance? _____

What are the insurance payments? \$ _____ per _____

Are you up-to-date with your payments? Yes No

How did you become homeless?

Do you have any comments regarding any problems that you have had in keeping housing for yourself? _____

Why do you want to be part of the Ferry Street Apartments/Turner Street Apartments program?

How do you feel you would benefit from the services provided at Ferry Street Apartments/Turner Street Apartments?

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I have been referred to the Ferry Street and Turner Street Apartments for services. The rules and objectives of this program have been explained to me by the referring caseworker. By signing below I acknowledge that the information I have provided is true and correct to the best of my knowledge.

Applicant #1 Signature

Date

Applicant #2 Signature (if applicable)

Date