



Dear Applicant,

Thank you for your interest in **Cortez Hill Family Center**, an up to 90-day interim shelter for families experiencing homelessness in San Diego. Our goal is to provide interim housing and services that will support you in stabilizing your family, improving your income, developing your career, and obtaining permanent housing so your family can achieve lasting independence.

Application Instructions:

1. Please complete and submit the attached application along with copies of requested documentation:

In Person: Alpha Square 550 14th St. San Diego, CA 92101 Monday - Friday 8:00am - 4:00pm

Please only submit copies of these documents as originals will not be accepted.

- Valid photo identification for each adult applicant
 - Social security cards for each family member
 - Birth certificates for each child
 - Homeless Verification Letter or Form
2. After your application and submitted documents have been reviewed, we will contact you to schedule a phone interview. Please be sure to let us know if your phone number or email changes.

If you have any questions or any difficulties obtaining the requested documents that are listed above, please call (619) 577-4766.

Sincerely,

Cortez Hill Family Center

This program is operated by Alpha Project and is funded in whole or in part with Community Development Block Grant (CDBG) Program funds provided by the U.S. Department of Housing and Urban Development (HUD) through the City of San Diego.

Main Office
3737 5th Ave., Suite 203 San Diego, CA 92103
(619) 542-1877
www.alphaproject.org

Cortez Hill Family Center Application Form

(All Sections must be completed)

Referred By (First, Last Name):	Agency/Title:	Phone Number:
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1) Primary Applicant – General Information

First Name _____ Last Name _____ Middle Initial _____

Address _____
Street _____ City, State _____ Zip _____

Phone Number: _____ Email Address: _____

Age _____ Date of Birth _____ Gender _____ Marital Status _____ Are you are Veteran? Yes No (circle)

Primary Language: _____

Secondary Language: _____

Do you have identification? Yes No (circle) If yes, please list: _____

2) Primary Applicant – Income

Employment Income (monthly): Amount \$ _____		
Employer Name:	Position:	
Employer Address:		
Date of Hire:	Pay rate:	Hours per week:

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If you are unable to work, please describe your disability and/or special needs:

3) Primary/Co-Applicant – Living Situation

Where are you currently living?
How long have you been there?
Why are you applying to Cortez Hill Family Center?
Has anyone listed on this application ever been a resident of Cortez Hill Family Center? Yes No (circle)
If yes, when?

Co-Applicant (if applicable)

 First Name Last Name Middle Initial

Phone Number: _____ Email Address: _____

 Age Date of Birth Gender Marital Status Are you are Veteran? Yes No (circle)

Primary language: _____

Secondary Language: _____

Do you have identification? Yes No (circle) If yes, please list: _____

Co-Applicant (if applicable)

Employment Income (monthly): Amount \$ _____
Employer Name: _____ Position: _____
Employer Address: _____
Date of Hire: _____ Pay rate: _____ Hours per week: _____
Other Income: Amount \$ _____ Frequency: _____
Type (circle): SSI SSDI General Assistance Child Support Veterans Benefits TANF Food Stamps Other: _____
Other Income: Amount \$ _____ Frequency: _____
Type (circle): SSI SSDI General Assistance Child Support Veterans Benefits TANF Food Stamps Other: _____

If you are unable to work, please describe your disability and/or special needs:

6) Children's Information

Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:

Please sign and date below after you complete the entire application. In some cases, it may be necessary for Alpha Project to share information with other agencies to ensure your placement into our program. You must agree to this release of information with your assigned case management agency. Please state which case management agency you are currently working with and by signing below acknowledge that you will not hold Alpha Project liable for any information shared with this agency.

Primary Applicant Signature

Date

The following documents are requested:

- Valid photo identification for each adult applicant
- Social security cards for each family member
- Birth certificates for each child
- Homeless Verification Letter or Form

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