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

   The following documentation is required before we will contact you for an interview:
   (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
   - TB test verification for all family members (MUST be six months current)
   - Homeless Verification Letter from the referring agency
   - Marriage certificate, if applicable

2. After your application and 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) 695-1450.

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.
Cortez Hill Family Center
Application Form

(All Sections must be completed)

Referred By (First, Last Name): ____________________________
Agency/Title: ____________________________
Phone Number: ____________________________

1) Primary Applicant – General Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Middle Initial</th>
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Address ______________________________________________________
<table>
<thead>
<tr>
<th>Street</th>
<th>City, State</th>
<th>Zip</th>
</tr>
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</table>

Phone Number: ____________________________ Email Address: ____________________________

Are you a Veteran? Yes No (circle)

Age    Date of Birth    Gender    Marital Status

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: ____________________________ Payrate: ____________________________ 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:

_________________________________________________________________________________

_________________________________________________________________________________
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 (to be completed if married, or if proof of parental obligation is provided)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Middle Initial</th>
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</thead>
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Phone Number: ______________________ Email Address: ______________________

<table>
<thead>
<tr>
<th>Age</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Are you a Veteran? Yes   No (circle)</th>
</tr>
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<tbody>
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</table>

Primary language: ______________________________________________________________________________ |
Secondary Language: ____________________________________________________________________________ |

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

Co-Applicant (If applicable)

Employment Income (monthly): Amount $__________

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Position</th>
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<table>
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<tr>
<th>Employer Address</th>
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Date of Hire: ____________________ Payrate:       Hours per week: ____________________

Other Income: Amount $__________

<table>
<thead>
<tr>
<th>Type (circle): SSI   SSDI   General Assistance   Child Support   Veterans Benefits   TANF   Food Stamps</th>
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<td>Other:</td>
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<table>
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<tr>
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<th>Frequency:</th>
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<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
If you are unable to work, please describe your disability and/or special needs:

_________________________________________________________________________________

_________________________________________________________________________________

6) Children’s Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
<th>Date of Birth:</th>
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</thead>
<tbody>
<tr>
<td>1st Name</td>
<td>1st Age</td>
<td>1st Date of Birth</td>
</tr>
<tr>
<td>2nd Name</td>
<td>2nd Age</td>
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<tr>
<td>3rd Name</td>
<td>3rd Age</td>
<td>3rd Date of Birth</td>
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<tr>
<td>4th Name</td>
<td>4th Age</td>
<td>4th Date of Birth</td>
</tr>
<tr>
<td>5th Name</td>
<td>5th Age</td>
<td>5th Date of Birth</td>
</tr>
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</table>

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 must be submitted before we will contact you for an interview and please be sure to sign your application:

- Valid photo identification for each adult applicant
- Social security cards for each family member
- Birth certificates for each child
- TB test verification for all family members (MUST be six months current)
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