



To Whom It May Concern:

There have been changes added to our application process. We are now required to obtain from perspective clients the following items in order for you to be placed on our active waiting list at Roberts Hall.

1. Copy of your Photo I.D. (must be a current Kentucky I.D.)
2. Copy of your Social Security Card
3. Copy of your Birth Certificate
4. Copy of your TB card
5. Documentation of Substandard Housing (ex. Wayside, Couch Surfing)

Once you have been placed on our active waiting list. It is important to keep in touch with us weekly to check your status, and let us know that you are still interested in the program. If you do not call every week; you risk your name moving **down** the waiting list.

If we don't receive a call from you within 30 days, your application will be removed from our waiting list.

We also need to know each time that you change your contact number. We can only contact you by the last number given to us. If we are unable to reach you within three business days, your name will be moved to the bottom of the list. If you have any questions about the requirements, please call us at (502) 636-3549.

Thank you

Roberts Hall
1032 E. Burnett Ave.
Louisville, KY 40217
(502) 636-3549
(502) 502-450-9167 FAX



St. Vincent de Paul
LOUISVILLE

Roberts Hall Program Facts Sheets

ADDRESS: 1032 E. Burnett; Louisville, KY 40217

PROGRAM DESCRIPTION: Roberts Hall offers a Four-Phase housing program for homeless women that express a sincere desire to improve their lives. Our goal is to develop the self-sufficiency needed for residents to function as independently as possible. Case management is an essential component of the program. The average stay is 1-3 years based on assessment of needs.

FACILITY DESCRIPTION: The facility is a three-story building with 24 one-bedroom units. The lounges, kitchen, and bathrooms are common areas. The basement has laundry facilities that are open 24/7, and a fenced backyard. The first floor is handicap accessible.

ELIGIBILITY CRITERIA: Single women 18 years of age and older, at least one-year clean/sober who are homeless or at the risk for becoming homeless can stay at Roberts Hall. Interested persons must fill out an application and provide the required documentation; applicants who meet the eligibility criteria will then interview with the Program Manager. All residents are referred to the Housing Authority of Jefferson County and must meet their requirements. Residents must sign a lease and agree to follow all House Rules.

SERVICES PROVIDED: Individual case management and support services are provided to all residents. Staff will be able to make proper referrals as needed. Cost-free utilities and laundry facilities are provided.

STAFFING: The Roberts Hall Program Manager oversees the day-to-day operation of Roberts Hall and provides case management. A part-time support staff person and volunteers also assists with duties. A Resident Manager resides in the facility. The Director of Programs oversees operations of all SVDP programs. A staff member is on-call 24 hrs. a day in case of emergency.

COST: Residents are required to pay rent based on Housing Authority of Jefferson County criteria (30% of income)

**For More Information, Contact:
Renee Yates; Program Manager: 502-636-3549**



Society of St. Vincent de Paul Preliminary Housing Application

Name (please print) _____ Sex _____ DOB _____ Age _____ SSN _____ Race (Hispanic/Latino?) _____

Current Mailing Address _____ Primary Phone _____ Secondary Phone _____

How did you hear about St. Vincent de Paul?

Word of Mouth Internet Print Material Referred by: _____

How many people are in your household?

Single
 Household with _____ # of adults and _____ # of children

Where did you sleep last night?

<input type="checkbox"/> Non-housing (street, park, car, etc.) <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Institution (jail/prison, hospital, psychiatric facility) <input type="checkbox"/> From street/emergency shelter prior to institution <input type="checkbox"/> In institution for less than 90 days <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Transitional housing (fleeing domestic violence) <input type="checkbox"/> Transitional housing <input type="checkbox"/> From street/emergency shelter prior to transitional
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Do you intend on sleeping at the above location until entering a SVdP program or other housing program/opportunity? Yes No If no, where else? _____

Have you been sleeping in a place not meant for habitation or an emergency shelter continually for one year? Yes No

How many different times have you been homeless in the past 3 years? _____

Have you ever been convicted of a felony offense? Yes No If yes, when? _____

Do you have an outstanding debt due to a prior eviction? Yes No If yes, how much? _____

Have you ever been evicted from public housing (Section 8, housing authority, etc...)? Yes No

Do you have a disability that significantly impedes your ability to obtain or maintain employment and/or housing? Yes No

If yes, please identify your disabling condition(s) below:

- Alcohol Abuse Drug Abuse Developmental Disability
- HIV/AIDS Mental Illness/Emotional Physical, medical or mobility

Do any other adult members or children in the household have a disabling condition(s)? Yes No
 If yes, please identify: _____

Are there any further mental or physical health concerns that have not already been mentioned? Yes No
 If yes, please explain: _____

By signing this, you authorize St. Vincent de Paul to contact relevant parties to verify information in order to determine your eligibility for our Programs and Services. Submitting an application does not guarantee services. Likewise, if your application is accepted, there may be a waiting period.

Applicant Signature _____

Date _____

Reviewed/Added to Waiting List By _____	<i>Staff use only</i>
Program(s) to which applicant qualifies:	Date _____
<input type="checkbox"/> Roberts Hall <input type="checkbox"/> SVdP Homes SRO <input type="checkbox"/> Simon Hall <input type="checkbox"/> DePaul Apartments <input type="checkbox"/> SVdP Homes Single Apts <input type="checkbox"/> SVdP Homes Family Apts <input type="checkbox"/> Homes with Hope <input type="checkbox"/> CH2 (Chronically Homeless Only) <input type="checkbox"/> CHI <input type="checkbox"/> Does not qualify due to: _____	<input type="checkbox"/> Tranquil House



The Society of St. Vincent de Paul conducts business in accordance with federal and local fair housing laws. We do not discriminate against any person based on race, color, religion, national origin, disability, age, gender, familial status, or sexual orientation.

Rev. 1/2014



Roberts Hall Application

Name _____ S.S# _____

DOB _____ Phone # _____ Cell # _____

What is your current marital status?

- Never Married
- Married
- Separated/Divorced
- Widowed
- Have non-married partner

What is the highest level you completed in school?

- Less than high school
- GED/High school diploma
- Professional/Technical Certification
- Associate degree
- Bachelors degree
- Masters degree or Doctorate

What is your current employment situation?

- Not employed
- Permanent full-time job
- Permanent part-time job
- Temporary job
- Day Labor

What are your current sources of income?

- Disability (SSI/SSDI/SSR) Amount per month: _____
- Employment Amount per month: _____
- Food Stamps Amount per month: _____
- _____ Amount per month: _____

Do you have or have you ever had an alcohol and/or drug problem? Yes No

When was the last date you used alcohol and/or drugs (Month/Day/Year)? _____

What are your drug(s) of choice: _____

How many times have you been in substance abuse treatment? _____

Have you ever been diagnosed with a mental illness? Yes No

If yes, what was your mental illness diagnosis? _____

Were you ever in the military? Yes No

Do you have any current legal issues or charges, including C.P.S.? Yes No

If yes, please explain:

Applicant Signature _____ Date _____



References

Please provide three (3) people as references that you have known for at least one year (only one may be a relative).

1. Name: _____
Relationship: _____
Current Address: _____
City/State, Zip: _____
Phone: _____
How long have you known this person? _____

2. Name: _____
Relationship: _____
Current Address: _____
City/State, Zip: _____
Phone: _____
How long have you known this person? _____

3. **Previous Landlord:** _____
Current Address: _____
City/State, Zip: _____
Phone: _____
How long have you known this person? _____

Do you have a Case Manager or Social Worker? If so:

Name: _____ Phone #: _____



Release of Information

To: LMHA (Finance/Accounting Department) Attn: Yvonne or Linda Nuss 420 South Eighth Street Louisville, KY 40203 Phone: (502) 569-3400 Fax: (502) 569-4907	From: The Society of St. Vincent de Paul 1015-C S. Preston St. Louisville, KY 40203 Phone: (502) 584-2480 Fax: (502) 584-2001
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Regarding:	
SSN:	
DOB:	

I authorize The Society of St. Vincent de Paul to obtain information from Louisville Metro Housing Authority Finance/Accounting Dept.

The above named client (please check one):

- Has an outstanding balance in the amount of \$_____
- Does not have any outstanding balance.

Prohibition of disclosure:

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 C.F.R. part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains.

Client Signature:		Date:	
Witness Signature:		Date:	
Witness Printed Name:			



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