



Affordable Homeownership Foundation, Inc.
Solving The Puzzle Of Homeownership

5264 Clayton Court, Suite 1
Fort Myers, FL 33907
239-689-4944
www.ahf.today

CLIENTS INFORMATION: HMIS # _____ Date of Referral: _____

Client Name: _____ D.O.B.: _____ Age: _____

Phone Number: _____ SS# _____

Current Address: _____

Are You a Veteran? no yes If Yes do you have a copy of your DD214: no yes

Was their discharge from the military an "honorable discharge"? Yes ___ No ___

Does the client have the documentation regarding their status? Yes ___ No ___

Medicaid no yes # _____

Gender: Male Female Other

Ethnicity: (check all that apply) _____Caucasian _____African American _____Hispanic _____Asian
_____Native American _____Other _____Multi-racial

Marital Status (check one) _____Single _____Married _____Divorced _____Seperated _____Windowed

Wife/Husband/Partner/Significant Other Name: _____

D.O.B.: _____ Age: _____

Phone: _____: _____ SS# _____

Current Address: _____

Medicaid no yes #: _____

Demographics: Optional – Used for reporting purposes only

Ethnicity: (check all that apply) _____Caucasian _____African American _____Hispanic _____Asian
_____Native American _____Other _____Multi-Racial

Marital Status (check one) _____Single _____Married _____Divorced _____Seperated _____Windowed

Does the client (s) have any of the following conditions?

_____Physical Disability _____Developmental Disability _____Mental Health _____Drug Use

_____Alcohol Use _____HIV/AIDS

Gender: Male Female Other

Reason for Referral:

Language: English Spanish Creole Other _____

Has The client (s) lived in LEE County for 90 days or more? no yes if yes do they have proof?

Client's RESIDENCE: Hotel Shelter _____ Car
 Home/Other _____

Check all that apply:

Sleeping in an emergency shelter	Sudden and significant loss of income
Sleeping in a place not meant for human habitation	Sudden and significant increase in utility costs
Staying in a hospital or institution for up to 180 days but homeless immediately prior to entry into the hospital or institution.	Pending foreclosure of rental housing
Graduating from or timing out of a transitional housing program.	Exceeding health and/or safety standards for housing unit size.
Escaping domestic violence	Mental Health Issues
Have no subsequent housing options	Substance Abuse Issues
Facing eviction within 2 weeks	Physical disabilities and other chronic health issues
Facing discharge within 2 weeks from institutional stay of 180 days or more	Homeless in the last 12 months
Residency in condemned housing	
Past institutional care (prison, treatment facility, hospital)	Recent traumatic life event or health crisis
Homeless or Potentially Homeless	Current or past domestic violence

If you are working with a youth under the age of 23 years and they were in foster care, contact Children's Home Society of Florida to see if they qualify for the Road to Independence Benefits.

Is the Individual **already homeless** or **in danger of being homeless**? Check one no yes

Who currently is their Case Manager? _____ With Which Company _____

Is the client involved with another agency? Yes No With Whom? _____


Name of Referring Agency: _____ Phone #: _____

Email Address of Referral Source: **(Required)** _____@_____

Name of Person Completing the Form: _____ Phone #: _____

Signature of Person Completing Form: _____ Date: _____

Please call to verify receipt of referral and to determine whether there is a waitlist for housing

 <p>Affordable Homeownership Foundation, Inc. <i>Solving The Puzzle Of Homeownership</i></p> <p>239-689-4944 PH 239-243-8543 FAX Lois@ahf.today</p>	<p>We will need the following documents:</p> <ul style="list-style-type: none">• Proof of income (Pay Stubs or Award Letters)• 2 Months Bank Statements• Latest tax return (if applicable)• \$25.00 for background check with credit report pull (Soft Pull)• List of 3 references• Information on your last landlord <p>Please understand there is a waiting list for housing, This is not a promise that housing is available currently.</p>