

Shelter Plus Care Application Checklist

Applicant Name: _____

1. Completed and Signed Application
2. Disability verification (do not need details of medical diagnoses)
3. Homeless verification showing number of times and length of each time
4. Signed Voucher – only complete #5, #6 and date box in middle of form
5. Authorization for Release of Information/Privacy Act (there are 2 forms)
6. Reporting Form – Complete Part A
7. Zero Income form Part B OR Verification of Income (pay stubs, award letters, etc.)
8. Applicant Screening Questionnaire
9. Copy of Birth Certificate or ID and Social Security card with PATH worker verification they viewed the original. (print SS# and date of birth if copy is hard to read)
10. 214 Citizen Declaration
11. HUD-52675 Debts Owed
12. HUD-92006 Additional Contact

I _____, agree and understand that my name will automatically be placed on the Section 8 Housing Choice Voucher Waitlist. I also understand that it is my responsibility to keep my address, income and family composition updated.

Applicant Signature

Date

PATH Liaison Signature

Date

When this has been completed, send the packet to:

CoC SPC Program Manager
MDOC Housing Division
PO Box 200545
Helena, MT 59620-0545