

Dear Applicant,

Thank you for applying to live at Eden Village. Here are a few things that you need to know:

To qualify to live at Eden Village you must meet **all three** of the following requirements:

- Meet the government definition of chronically homeless: Homeless for the last 12 months consecutively or have 4 periods of homelessness over the last 3 years in the local area.
- Have a disability (mental or physical)
- Be able to pay \$325.00 per month for rent which includes utilities, laundry, and activities in the community center. We wouldn't want this to be a hardship on anyone so applicants need to have a source of income at the time of move-in: employment, sponsorship, disability check, etc.

If you did not meet these requirements when you applied, please call or email us to let us know if your circumstances have changed (got a job or another income source, when you have been homeless for 12 months, etc.)

Our waiting list is long, but we do not select residents based on chronological order. Many factors are considered in the selection process to ensure it will be good for you to live in Eden Village and that you will be a good neighbor and enjoy our community.

It is vital that we have a **current phone number** to be able to reach you. If you do not have a number then please give the number for someone who will be able to find you. If we cannot reach you then we will move on to the next person on the list.

There is a high demand for homes at Eden Village. We understand that having a home is vital, and we try to house new residents as soon as possible. That being said, there is a fixed amount of homes available and we currently do not have enough homes to house all of the people that apply. Once all houses are full, applications will still be taken but applicants will not be housed until a home becomes available. Homes may become available as residents move out but there is no predicted schedule for when that will happen.

It is important that you know that each home is single occupancy only.

Email is the best way to contact us if you have questions. Staff are usually available between 8:30 a.m. and 5 p.m. Monday through Friday.

Thank you,  
Eden Village Staff  
[edenvillageteams@gmail.com](mailto:edenvillageteams@gmail.com)  
417-894-3972



# **EDEN VILLAGE**

*a program of The Gathering Tree*

## **APPLICATION PACKET**

### **Included**

- Application
- Qualifying Disability and Homelessness Verification
- Statement of Independence
- Favorites

### **Please include the following with this application**

- A copy of a photo ID
- Income verification
- Insurance verification
- Pet documentation (*if applicable*)
- Vehicle documentation (*if applicable*)

# APPLICATION

Complete Legal Name \_\_\_\_\_  
*First* *Middle* *Last*

Nickname or other names used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Proof of age document \_\_\_\_\_

Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License/State ID # \_\_\_\_\_ State of Issuance \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Do you currently have a case manager? Yes (*list name below*) No

Name \_\_\_\_\_

Agency \_\_\_\_\_

Phone # \_\_\_\_\_

Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

## Income

List all sources of income and expenses. Sources of Income must be verifiable. Please attach copies of documentation (*i.e., pay stubs*) that will assist us in verifying a stable source of income.

Earned Income (Job)	\$
Unemployment Insurance	\$
Supplemental Security Insurance (551)	\$
Social Security Disability Insurance (5501)	\$
VA (Service Connected Disability)	\$
VA (Non-service Connected Disability)	\$
Private Disability Insurance	\$
Worker's Compensation	\$
General Assistance	\$
Social Security Retirement	\$
Pension/Retirement from job	\$
Child Support	\$
Alimony/Spousal Support	\$
Other _____	\$
Other _____	\$
SNAP (Food Stamps)	\$
WIC	\$
Section 8, Public Housing or other on-going rental assistance	\$
Other Source _____	
Temporary Assistance	\$
<b>TOTAL</b>	\$

If you are employed, please list where you work, how long you have worked there, and your employment status (*full time, part time*)

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## Expenses

Phone	\$
Car Payment/Insurance/Maintenance	\$
Food	\$
Transportation/Gasoline	\$
Medical (Doctor, prescriptions, etc.)	\$
Other -	\$
Other -	\$
<b>TOTAL</b>	\$

1. Are you currently covered by health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, which program(s):

\_\_\_\_\_ Medicaid

\_\_\_\_\_ VA Medical Services

\_\_\_\_\_ Medicare

\_\_\_\_\_ Employer Provided

\_\_\_\_\_ Private Pay

2. Do you have a primary care provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who (*include location*) \_\_\_\_\_

3. Do you have a mental healthcare provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, who (*include location*) \_\_\_\_\_

4. Are you a victim or survivor of domestic violence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when? \_\_\_\_\_ By whom? \_\_\_\_\_

5. Are you at least 18 years of age? \_\_\_\_\_

6. Do you currently have any outstanding warrants for your arrest?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

7. Have you ever been convicted of a felony? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

8. Have you ever been arrested and/or convicted of domestic violence?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

9. Are you a registered sex offender? \_\_\_\_\_

10. Are you currently on probation? \_\_\_\_\_

11. Have you been evicted from housing in the past? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

12. Do you currently have any drug or alcohol addiction issues?

\_\_\_\_\_Yes \_\_\_\_\_No

13. Would you be willing to submit to a drug test? \_\_\_\_\_Yes \_\_\_\_\_No

14. Do you own any animals? \_\_\_\_\_Yes \_\_\_\_\_No

If so, what type and breed? \_\_\_\_\_

How much do they weigh? \_\_\_\_\_ lbs

15. Are you a smoker? \_\_\_\_\_Yes \_\_\_\_\_No

16. What is the highest level of education you have completed? \_\_\_\_\_

17. Do you have difficulty with reading or writing? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

18. Have you had an incident of bed bugs in the last 12 months?

\_\_\_\_\_Yes \_\_\_\_\_No

19. Do you own a car that will be parked on property? \_\_\_\_\_Yes \_\_\_\_\_No  
*If you answered yes, you are required to show proof that your car's registration is up-to-date. Please note that vehicles are prohibited from parking on the premises if they are inoperable, have no license plate, no current registration, or no current registration sticker. **This application is not complete without attached proper documentation for any cars you own.***

20. Are you currently receiving community services? If so, What are they?

\_\_\_\_\_

If not, are you willing to receive services while living at Eden Village?

\_\_\_\_\_

21. Do you have health insurance? \_\_\_\_\_Yes \_\_\_\_\_No

If so, what type of health insurance do you have? \_\_\_\_\_

*If you have health insurance, you are required to attach a copy of your health insurance card.*

***This application is not complete without the proper documentation of health insurance.***

22. Any prior military service? \_\_\_\_\_Yes \_\_\_\_\_No

Branch: \_\_\_\_\_

Veteran Status: \_\_\_\_\_

Do you have a copy of your DD-214? \_\_\_\_\_

23. Do you have a medical marijuana license or do you take any controlled substances that are prescribed to you? \_\_\_\_\_Yes \_\_\_\_\_No

24. Do you have children that are minors? \_\_\_\_\_Yes \_\_\_\_\_No

25. **Do you have the following End of Life Documents? Check all that apply**

\_\_\_\_\_ Declaration of Guardian

\_\_\_\_\_ Directive to Physicians

\_\_\_\_\_ Durable Power of Attorney

\_\_\_\_\_ HIPAA Release

\_\_\_\_\_ Death Certificate Information Sheet

**References** - List 3 people who are NOT family members and can serve as personal references.

First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____
First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____
First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____

**Emergency Contacts** - List 3 people to contact in case of an emergency, if different than above

First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____
First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____
First Name _____ Last Name _____
Relationship _____ Phone (_____) - _____ - _____
Address _____
City/State/Zip _____



By signing this application, I guarantee the accuracy and completeness of the information provided. I also give The Gathering Tree permission to have a Public Data Search and a criminal background check conducted on me.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**QUALIFYING DISABILITY AND HOMELESSNESS VERIFICATION**

**Chronically Homeless Qualification Checklist**

Eden Village defines a chronically homeless person as - *an unaccompanied homeless person (a single homeless person who is alone and is not part of a homeless family and not accompanied by children) with the following*

**Part I - A disabling condition. Check the appropriate box(es)**

Do you have any disabilities? \_\_\_\_\_Yes \_\_\_\_\_No

<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Physical/Medical
<input type="checkbox"/>	Alzheimer's/Dementia	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	Physical/Mobility
<input type="checkbox"/>	Cognitive	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Visual
<input type="checkbox"/>	Developmental	<input type="checkbox"/>	Mental Handicap/Injury	<input type="checkbox"/>	Speech
<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	Other: _____

What medical or mental diagnoses do you have? \_\_\_\_\_

Are each of the disabilities listed above expected to be of a long, continued and indefinite duration and substantially impair your daily life? If no, please list which do not.

Which of the above disabilities are you currently receiving treatment for?

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**Part II - How long have you lived in the Springfield metropolitan area?**

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**Part III - Chronically Homelessness Status. Check ONE**

Yes  No Have you been continuously homeless for a year or more. HUD defines "homeless" as "a person sleeping in a place not meant for human habitation e.g. living on the streets for example OR living in a homeless emergency shelter.

Yes  No Have you had four (4) episodes of homelessness in the last three (3) years. HUD defines "homelessness" as "sleeping in a place not meant for human habitation e.g. living on the streets for example OR living in a homeless emergency shelter.

Part III is supported by Third Party Certification, which includes dates and locations of homelessness, from one or more of the following. Check ALL that apply

Certification letter(s) from an emergency shelter for the homeless.

Certification letter(s) from a homeless service provider or outreach worker.

Certification letter(s) from any other health or human service provider.

Certification self-statement signed by the client.

**THIRD PARTY CHRONIC HOMELESSNESS VERIFICATION**

*Make every effort to complete BOTH sections of the **Third Party** and the **Self-certification***

Name of person being verified as homeless \_\_\_\_\_

NOTE - Because third party verification is the preferred method of certifying chronic homelessness or risk for an individual who is applying for housing, all efforts to obtain third party verification should be exhausted before relying on the self-certification of housing.

WHEN to use this: When HMIS records or other objective documentation is not available for any period of homelessness of 30 days or more.

Examples of third party verifiers: Business owner, past case manager, fellow homeless individual, other service provider, etc.

### THIRD PARTY VERIFICATION

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your relation to the person being verified as homeless

\_\_\_\_\_

Where have you witnessed the client to be homeless (*specific location*)

\_\_\_\_\_

\_\_\_\_\_

When have you witnessed the client to be homeless list dates [MM/YYYY] to [MM/YYYY]

\_\_\_\_\_

\_\_\_\_\_

### SELF-CERTIFICATION of Chronic Homelessness

*Please make every effort to complete BOTH this form and the third party certification on the previous page.*

Have you been continuously homeless for the last 12 months? \_\_\_\_ Yes \_\_\_\_ No

Describe homelessness over the past 12 months. Include all dates and locations (i.e. [month/year] to [month/year] at [location]):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Knowing that . . .

- Episodes (“occasions”) of homelessness are broken up by any period of time where the client was housed for 7 days or more

- Transitional housing and hotels or motels paid for by the client are classified as housing for those eligibility purposes
- The following are classified as emergency shelters: HCHV contract beds and hotels or mortel is paid for by charitable organizations or by federal, state, and local government programs (TDCJ, HOPWA, etc.)
- Institution stays of less than 90 days are considered a continuation of homelessness, if the client entered from a place not meant for human habitation, emergency shelter, or safe haven; if the institution stay is greater than 90 days, this constitutes a break in homelessness.

In the last three (3) years, have you been literally homeless on four (4) or more separate occasions, which total at least 12 months?

- If YES, document all episodes of homelessness in the last three (3) years below
- If NO, client is not currently chronic

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Sum of Homeless Occasions (in months): \_\_\_\_\_

*Note - CHRONIC = sum of 12 months or more*

**Oral Statement - I self-certify that I . . .**

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By signing below I certify that the information presented in this application is true to the best of my knowledge. I understand that false or misleading information may result in termination of housing.

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Applicant Signature

Date

### CASE MANAGER CERTIFICATION

I understand that third party verification is the preferred method of certifying chronic homelessness for an individual who is applying for housing. I understand self declaration is only permitted when I have attempted but cannot obtain third party verification.

Documentation of attempt made for third party verification

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Case Manager Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## STATEMENT OF INDEPENDENCE

Eden Village is an innovative program of The Gathering Tree and is designed to provide independent, affordable, sustainable housing with dignity to those who are experiencing chronic homelessness. Chronic homelessness is defined as being continuously homeless for one year or more or being homeless at least four times for long durations over the past three years or living in a place not meant for human habitation.

It is the expectation that all applicants will be able to live independently as single occupants in a home in a community environment. The occupant(s) will be expected to maintain a clean and orderly home. **Eden Village staff will make random and periodic inspections to ensure the home is kept in an orderly fashion.**

Eden Village does not provide case management services or counseling. (Medical or psychiatric care, house cleaning, transportation, etc.) Most of the services that an applicant may need will be obtained from outside sources and made available in the Eden Village’s Community Center.

Eden Village and applicant(s) acknowledge that it is very difficult to live on a limited income. It will be important for the applicant(s) to understand what other services are available in the city that would help offset the cost of everyday living.

*By signing this document, I attest that I am financially, physically and emotionally fit to live independently as set out above. All information provided is true and accurate. I understand that any inaccuracy or incomplete information provided could cause my application to be rejected.*

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Applicant's Signature

Printed Name

Date

# Favorites

As a neighbor of Eden Village we want to get to know you better! Please fill out the following survey and let us know some fun facts about yourself.

1. Do you have any hobbies? What are you interested in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is your favorite color? \_\_\_\_\_

3. What is your favorite movie? \_\_\_\_\_

4. What is your favorite book? \_\_\_\_\_

5. If you have a favorite flower, what is it? \_\_\_\_\_

6. What are your favorite foods? \_\_\_\_\_

7. What kind of music do you like to listen to? \_\_\_\_\_

8. Do you have a pet? If so, what kind? \_\_\_\_\_