



Breathing Room Eligibility Guidelines

The Hospitality House Food Pantry Utility Assistance program aims to help individuals and families that are currently homeless or are in imminent risk of homelessness. Breathing Room provides emergency, short-term housing assistance by funding the individual or family's hotel stay (30 day maximum). Those with a "gap" between permanent housing arrangements are encouraged to apply.

- Income must be at or below 200% of the federal poverty level
- Current or most recent address must be in Oakland County
- Applicant must be willing to stay in hotel located by Hospitality House Food Pantry
- Applicant must be willing to undergo a criminal background check
- Applicant must have a realistic and detailed plan to obtain permanent housing by or before the 30-day stay maximum is exhausted
- Applicant must be willing to meet with program administrator weekly to report on progress toward permanent housing for stays longer than 7 days



Breathing Room Application Process

- Complete the application with a specific and detailed plan regarding your housing plans after or before 30 days
- Obtain a copy of your driver's license and two most recent paystubs (if employed)
- Submit the application and copies to Christie Spudowski:
 - Email: progadmin@hhfp.org
 - Mail: 2075 E. West Maple, Suite B204 Commerce, MI 48390
 - In-Person during Open Hours:
 - Monday: Noon-6:30pm; Thursday: 10am - 1:30pm; Saturday: 11am - 1:30pm

Once your application is submitted, you will receive a phone call from our program administrator to discuss your application within 48 hours. If your application is approved, Hospitality House Food Pantry will contact you to coordinate and authorize your hotel stay. Completing and/or submitting this application does not guarantee approval for funds. Assistance funds are limited and distributed on a first-come, first-serve basis.



Breathing Room Application

Application Date: _____

Client ID #: _____

Please list every member of your household, including yourself, other adults, and any children. If additional space is needed, please request an additional form.

Name	Relationship to Applicant	Date of Birth	Disabled?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Your Information

First Name: _____ Last Name: _____

Current Address: _____

Phone Number: _____ Email Address: _____

Gender:

- Female/Woman Male/Man Transgender/GNC Undisclosed

Marital Status:

- Single Married Divorced Separated Widowed Common-Law Undisclosed

Language(s) Spoken:

- English Spanish Arabic Other: _____

Ethnicity/Race:

- White/Angelo Black/African American Hispanic/Latino Middle Eastern/Arabic Chaldean
 Jewish Asian/Pacific Islander Native American/Indigenous Other: _____

Educational Level:

- Grades 0-8 Grades 9-11 High School Diploma/GED Post-Secondary (Some) Trade School
 2 Year Degree 4 Year Degree Master's Degree PhD Undisclosed/None

Please any of the following in which you self-identify:

- Developmental Disability Physical Disability Veteran Refugee Evacuee Mental Illness
 Pregnant Breastfeeding Postpartum Undisclosed/None Other: _____

Household Information

Employment Type(s): List all that apply for all of the adults in your household:

- Full-Time Part-Time Self-Employed Retired Military Retired Multiple Jobs
 Seasonal Temporary Student Unemployed

Please identify the amount of income you receive per month:

JOB #1 _____	JOB #2 _____
JOB #3 _____	UNEMPLOYMENT _____
SOCIAL SECURITY _____	UNEMPLOYMENT _____
SOCIAL SECURITY _____	SOC SEC DISABILITY _____
SOC SEC DISABILITY _____	SURVIVOR BENEFITS _____
VA BENEFITS _____	CHILD SUPPORT _____
PENSION _____	DHS BRIDGE CARD _____
DHS CASH ASSISTANCE _____	ALIMONY _____
OTHER _____	TOTAL INCOME _____

What is the nature of your hardship?

- Displacement by natural forces (fire, flood, etc.)
- Displacement by trauma (domestic violence, extreme medical issue)
- Displacement by public action (eviction, condemnation)
- Other: _____

Please describe the circumstances that led you to needing emergency housing assistance and plan to obtain permanent housing within 30 days:

Assistance Information

Do you currently have a vehicle for transportation? Yes No

Identification of all adults that will be staying in the hotel is required to conduct a criminal background check. Do you have a copy of all IDs to submit with this application? Yes No

Have you requested or received assistance from Hospitality House before? Yes No

Referred by: Internet Organization: _____ Other: _____

Agreements	Initial
The applicant understand that all information provided in this application is confidential and will only be released to other agencies upon my written consent.	
I affirm that the information I provided in this application are true and correct to the best of my knowledge and understand that if any of the information is discovered to be untrue, my application will be denied.	
Applicant understands that emergency housing is temporary and housing will last a minimal 3 days and will not exceed 30 days.	
Applicant understands that ANY damage caused, in the lodging facility assigned to them is solely the responsibility of the applicant and that Hospitality House is NOT responsible for any damage to the client's personal belongings (i.e. clothing, jewelry, vehicle(s) etc.).	
Applicant understands that they must also abide by the lodging facilities policies and procedures and that any complaints from the lodging facility could terminate the applicant's agreement for emergency housing with Hospitality House.	
Applicant understands that work eligible adults MUST be registered with Michigan Works prior to receiving emergency housing if no one in the household is currently employed.	
Applicant understands that assistance needs extending longer than 7 days will require weekly check-ins with the Hospitality House program administrator to maintain assistance.	
Applicant hereby grants permission for Hospitality House to perform a criminal background check. Failure to do so may exclude client from consideration of emergency housing.	
Applicant understands that the information collected during this background check will be limited to necessary information to determining his/her suitability for emergency housing and that all information during the check will be kept confidential.	
Applicant understands that Hospitality House does not accept court ordered and/or community service individuals who have been charged with criminal sexual misconduct of any kind.	
I understand that I can only receive housing assistance from Hospitality House Food Pantry once every 12 months.	
Applicant understands that Hospitality House does not discriminate against any individual because of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income that is derived from any public assistance program, or protected genetic information.	

By signing below, you are stating that you understand the above agreements and that you consent to applying for emergency housing assistance through Hospitality House Food Bank.

Signature of Applicant

Date

For Administration – DO NOT WRITE BELOW!

Based on the information provided above and/or information provided by the applicant via phone/email, this application is:

- Approved
- Denied

If approved, for how long of a stay: _____

Date in which the applicant was notified of approval/denial: _____

Date in which the hotel stay was authorized by HHFP: _____

Notes:

Signature of Intake Staff

Date