



**Bartlett House, Inc.**  
**Transitional Housing Program**  
*for families with children*  
**Program Application**

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Keri A. DeMasi, Executive Director; Project Manager

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The mission of this program is to provide transitional housing and customized supportive services to homeless families. Housing is linked with case management services in their transition from homelessness to permanent housing. Bartlett House's Transitional Housing Program for Homeless Families serves to empower its residents by providing the tools and resources needed to achieve stable, permanent housing, economic responsibility and independence and self-sufficiency by the end of the program (up to 24 months). Applications are reviewed and screened to determine which program offered by Bartlett House best fits each applicant.

Applicants, who wish to apply, must meet the following eligibility requirements:

- Parent must be 18 or older with (1-5 minor children) under the age of 18 and children must be in your custody
- Family must be homeless as defined by HUD
- Families with disabilities will be given priority
- Families must be committed to:
  - ♦ Making positive changes in life
  - ♦ Maintaining a substance abuse-free lifestyle
  - ♦ Developing and working toward employment and self-sufficiency goals
- Must not be convicted of a sex offence OR required to register as a sex offender
- Must meet income guidelines as outlined below
- Must be willing to abide by the rules of the program which are designed to promote and build independence {see Program Rules below}
- Must be willing to support the other participants in this program through peer support, proper behavior and "support" the overall community of your peers and fellow residents that exists within this program

**You will only be contacted for an interview for one of our housing units IF you meet the eligibility requirements, have the necessary documentation on hand and there is a unit opening that matches your family needs. If you are not contacted for an interview, you will be sent a denial letter.**





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**The maximum annual income you can have for your household size is the higher amount listed below:**

Household Size*	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
Income Limits for (16) of the units	\$20,460	\$23,400	\$26,340	\$29,220	\$31,560	\$33,900
Income Limits for (4) of the units	\$17,050	\$19,500	\$21,950	\$24,350	\$26,300	\$28,250

**1. Applicants**

	Last Name	First Name	Social Security Number	Date of Birth
Applicant 1				
Applicant 2				

**2. Contact Information**

Address	
Phone Number	
Alternate Phone Number	

**3. Marital Status: (please check appropriate box)**

	Married	Single	Divorced	Widowed
Applicant 1				
Applicant 2				





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**4. Child(ren)**

	Last Name	First Name	Gender	Date of Birth	Social Security Number
1					
2					
3					
4					
5					

**5. Homelessness (check all that apply for each individual)**

	Currently homeless (as defined by HUD)	Homeless for a year or more	Homeless 4 or more times in the last 3 years
Applicant 1			
Applicant 2			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			





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**6. Disabilities (check all that apply for each individual)**

	Mental Illness	Substance Abuse	Veteran	HIV/AIDS	Victim of Domestic Violence	Developmental Disability	Physical Disability	Other (List)
Applicant 1								
Applicant 2								
Child 1								
Child 2								
Child 3								
Child 4								
Child 5								

**7. Citizenship Status**

	U.S. Citizen	Documented Immigrant	Undocumented
Applicant 1			
Applicant 2			
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			

**8. Accessibility:** Does a member of your household require a special design feature of a particular unit?  Yes  No (if YES, please check which accommodation(s) you need)

<input type="checkbox"/>	Wheelchair
<input type="checkbox"/>	Parking Space
<input type="checkbox"/>	Grab bars & Handrails
<input type="checkbox"/>	No Steps
<input type="checkbox"/>	Few Steps
<input type="checkbox"/>	Roll in shower
<input type="checkbox"/>	Hearing disability
<input type="checkbox"/>	Visual disability
<input type="checkbox"/>	Other: (list) _____







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**What is your plan for reaching and obtaining this goal?**

**GOAL #2 (to be obtained within 1<sup>st</sup> 12 months)**

**What is your plan for reaching and obtaining this goal?**





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<b>GOAL #3 (to be obtained within 2 years)</b>
<b>What is your plan for reaching and obtaining this goal?</b>

**11. Questions**

What do you feel is the greatest benefit of this program to your family?
Please describe your current situation in detail, including how you became homeless and your future plans (please attach a paper to the application if more space is needed).





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What would have to happen for you in order to support yourself and/or yourself and your family to ensure you are able to maintain permanent housing upon exiting the West Run Transitional Housing Program?

**12. Required Documentation**

	COPY MUST BE ATTACHED TO APPLICATION	MUST BE PROVIDED AT INTERVIEW PRIOR TO OCCUPANCY	Check here if you have OR it is attached
Picture ID (adults)	X		
Social Security Cards (all household members)	X		
Birth Certificates (all household members)	X		
Income Verification (1 month of paystubs for entire household)	X		
Homeless Statement (3 <sup>rd</sup> party verification)		X	
Disability Documentation (3 <sup>rd</sup> party verification)		X	







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**Key Program Rules**

- 1) Ability to pay the monthly program fee (30% of adjusted gross income)
- 2) No illegal activity of any kind
- 3) Use or possession of alcohol or illegal drugs is prohibited
- 4) Guests must be out of the building by 10pm. Overnight guests are prohibited without WRITTEN APPROVAL from Bartlett House, Inc.
- 5) Children must be supervised by their parents at all times
- 6) School aged children must be enrolled in school and attend school everyday
- 7) No fighting or threatening behavior of any kind will be tolerated
- 8) Smoking is not permitted inside the building and will only be permitted in the designated outdoor smoking areas
- 9) Clients must keep their unit and common areas clean and neat
- 10) All adults that are able to work, will be required to do so
- 11) All adults must attend scheduled meetings and appointments
- 12) All members of the household must abide by the guidelines of the lease agreement

**STATEMENT OF UNDERSTANDING**

I/we understand that Bartlett House, Inc. will do a credit history check and criminal history check. If applicant is interviewed, Bartlett House, Inc. will require ALL documentation listed above. I/we understand that any information given does not automatically disqualify me/us, as Bartlett House, Inc. will consider applicants that may need support to resolve existing problems. All of the information I/we have given, to the best of my/our knowledge is true and complete. I/we understand that if any of the information, or previous information, given is found to be untrue, I/we would be asked to leave the Bartlett House, Inc. Transitional Housing Program.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

