



**PORCHLIGHT, INC**  
*Solutions to Homelessness*

**APPLICATION**  
**FOR HOUSING AND SERVICES**

Thank you for your interest in Porchlight, Inc. As a non-profit, volunteer-intensive agency, Porchlight provides emergency shelter, food, employment services, and affordable housing to individuals and families throughout Madison and the surrounding area. Our mission is to meet the needs of homeless households by providing housing and services designed to foster independence and support both transitional and permanent housing opportunities.

Porchlight operates multiple housing units ranging from single room occupancy (SRO) units to family units with 1-4 bedrooms. The majority of the units are leased on a month-to-month basis. The programs we offer and the rules for maintaining housing differ from site to site. One of Porchlight purposes, in addition to providing low-cost housing, is to provide opportunities for residents to participate in life skills training programs. Most sites require participation in these services. These programs are described in the following pages.

Please read the information in this packet carefully. It contains important information about the programs you are applying for and instructions for completing the application. After you have read it completely, sign the "Acknowledgement of Receipt of Applicant Procedures and Tenant Selection Processes", complete the application, and return both the signed page and the application to:

**Porchlight, Inc.**  
**306 N. Brooks Street**  
**Madison, WI 53715**  
**(608) 257-2534**  
**Fax: (608) 257-2507**

*Porchlight, Inc. does business in accordance with the Federal Fair Housing Law and does not engage in the practice of discrimination against any person on the basis of race, religion, color, national origin or ancestry, source of income, disability/handicap, domestic partners, arrest and conviction record (except in specific instances and outlined by law), less than honorable military discharge, physical appearance, sexual appearance, sexual orientation, political beliefs, student status, or familial status (having children).*

**For more information, please call: (608) 257-2534**

**Keep Pages 1, 2, and 3 for your records.**

**You must call 257-2534 to activate your application.**

**Call every 3-4 weeks to keep your application active!**

## **Porchlight, Inc. Housing Programs**

**Porchlight, Inc. operates multiple housing units. You will find a brief description of each program below. Tenants may live in transitional housing for up to 24 months. All properties are drug-free.**

- **Broom Street**

Transitional single room occupancy units for men who are employed a minimum of 20 hours a week at a permanent job. Case management services are provided and may include money management, personal health, parenting, assistance with permanent housing and employment counseling.

- **STABLE**

The Skills Training and Barrier Limiting Education Program is a 8-bed Transitional single room occupancy unit for women with mental health issues. Case management services, money management and independent living skills training are provided.

- **Sober Living (START, STOP, PTO, etc.)**

Transitional single room occupancy and one-bedroom units for men and women in recovery from alcohol and drug abuse (minimum one month to one year sobriety required). Case management services are provided and may include money management, personal health, relapse prevention, parenting, assistance with permanent housing and employment counseling.

- **Single individual housing**

Transitional and permanent single room occupancy units for men and women. Case management services are provided and may include money management, personal health, parenting, assistance with permanent housing and employment counseling.

- **Family housing**

Apartments ranging from 1-4 bedrooms, transitional and permanent units. Case management services are provided and may include money management, personal health, parenting, assistance with permanent housing and employment counseling.

- **Brooks Street**

Permanent single room occupancy units for low-income men and women. This is a “housing only” program, and involvement in case management services is optional.

- **Veterans Transitional Housing Program**

*Transitional* single room occupancy units for homeless persons who have served in the U.S. military and have honorable discharges. Sober living environment with case management services provided.

## Porchlight

### **Application Procedures and Tenant Selection Process**

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The following information is provided so that you may better understand the application process and tenant selection process. Please read it carefully. If you have questions, contact the Housing Intake Specialist at (608) 257-2534.

1. Applications are available through the Drop-In Shelter, Hospitality House, Salvation Army and at the Porchlight offices at 306 N. Brooks Street. An application can be sent directly to individuals seeking housing by contacting the Housing Intake Specialist at (608) 257-2534. Although many of our referrals come from other service agencies in the community, a referral is not needed to apply for housing with Porchlight. When permanent housing units become available, Porchlight notifies the Community Development Authority for referral of qualified Section 8 voucher holders.
2. The completed application is returned to Porchlight, 306 N. Brooks Street, Madison, WI 53715.
3. Because of the extensive time and cost involved in processing an application, the applicant must call to activate the application. To activate the application, call (608) 257-2534 to verify it has been received and that you wish to activate your application. Incomplete applications will not be activated. Activated applications are placed on the waiting list for an available unit. Applications are processed and placed on the waiting list in chronological order. Activated applications are not approved applications.
4. Some Porchlight units are funded through Federal and State funding sources (i.e. HOME Funds, CDBG, HUD, etc.) These units may only be rented to tenants who meet the income and homeless status guidelines of those funding sources. Applicants who qualify for federal preference guidelines will be given first consideration for HOME funded units.
5. Porchlight staff conducts several background and reference checks while processing the application. These may include:
  - a. Housing/Landlord references
  - b. Income/Employment verification
  - c. Character/Professional references which may include treatment providers and professionals working in mental health, social work, alcohol and drug abuse, and the criminal justice/probation/parole areas
  - d. Credit Report
  - e. Criminal History
6. Landlords cannot require that applicants provide their social security number. However, Porchlight does need to obtain a credit history on all of its applicants and the applicant must provide Porchlight with sufficient other information so a reasonable credit history can be obtained. Porchlight will work with applicants to obtain credit histories, but if a credit history cannot be obtained the application may be rejected.
7. Porchlight understands that many applicants will have less than favorable histories with previous landlords, credit, criminal activity, unstable employment, mental health problems, or substance abuse issues. Porchlight is willing to provide housing to applicants in the following circumstances:
  - a. The applicant shows willingness to change destructive behaviors that have led to homelessness in the past.
  - b. Applicants are willing to participate in the supportive case management services offered by Porchlight and deemed necessary by the case manager.
  - c. For applicants with a history of substance use issues, a willingness to remain substance-free may be required. Additional participation in Narcotics Anonymous, Alcoholics Anonymous, or counseling may also be required.
  - d. Compliance with any and all medication regimens.
  - e. Compliance with the employment requirements as specified by the housing program (i.e. minimum of thirty days of employment prior to signing lease).
  - f. Ability to comply with general sanitation requirements.
  - g. Utilization of a Protective Payee as deemed necessary by program staff.
8. The Director of Housing and/or the Case Management staff conduct an interview with the applicant to determine eligibility and appropriateness for housing with Porchlight.
9. The applicant is accepted or denied. Those applicants who request to be notified will receive written notice of the rejection and reasons for rejection. All applicants who apply for HOME funded units will receive written notice of the rejection and reasons for rejection.
10. Residents of Porchlight properties will be given a minimum of 30 days notice of any rent increases.

**Porchlight, Inc.**  
306 N. Brooks Street  
Madison, WI 53715  
(608) 257-2534  
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**Acknowledgement of Receipt of Applicant Procedures and Tenant Selection Process**

I, \_\_\_\_\_ have read and understand the process and  
(Printed Name)  
procedure utilized by Porchlight in determining my eligibility for housing and services. I understand that I must complete the application fully and honestly and that my failure to do so may result in the rejection of my application for housing.

I further understand that I must call Porchlight to activate my application after it has been received by calling (608) 257-2534.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**Return this page with your completed application to:**

**Porchlight, Inc.**  
**306 N. Brooks Street**  
**Madison, WI 53715**

***For office use only:***

	Date Activated:	ID#
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**Porchlight**  
306 N. Brooks Street  
Madison, WI 53715  
(608) 257-2534  
Fax: (608) 257-2507

Be careful to check only  
the one box that best fits  
your housing needs.  
Checking lots of boxes will  
delay your application!

## Housing Application

### Instructions

1. Complete application in full.
2. Choose which program from the list below is best for you and check that box. You may apply for only one program at a time. The only exceptions are the three at the bottom of the list: Broom St., Single Individual Housing and Brooks St. You may apply for one or more of these sites.
3. All household members 18 years of age and older must sign the application on page 6.
4. Return application to Porchlight, Inc. at the address listed to the left.
5. CALL (608) 257-2534 to activate application after it has been received.

- STABLE**  
The Skills Training and Barrier Limiting Education Program is a 8-bed *Transitional* single room occupancy unit for women with mental health issues. Case management services, money management and independent living skills training are provided.
- Sober Living (START, STOP, PTO, etc.)**  
*Transitional* single room occupancy and one-bedroom units for men and women in recovery from alcohol and drug abuse (minimum 1 month to one year sobriety required). Case management services are provided.
- Family housing**  
Apartments ranging from 2-4 bedrooms, *transitional* and permanent units. Case management services are provided.
- Broom Street**  
*Transitional* single room occupancy units for men who are employed a minimum of 20 hours a week at a permanent job. Case management services are provided.
- Single individual housing**  
*Transitional* and permanent single room occupancy units for men and women. Case management services are provided.
- Brooks Street**  
Permanent single room occupancy units for low-income men and women. This is a "housing only" program, and involvement in case management services is optional.
- Veterans Transitional Housing Program**  
*Transitional* single room occupancy units for homeless persons who have served in the U.S. military and have honorable discharges. Sober living environment with case management services provided.

# **APPLICATION FOR HOUSING**

Complete the Application in full. Answer all questions.  
**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

Head of Household:	Telephone:		
Current Address Street Address	City	State	Zip Code
<i>Do Not Write Homeless—Please use mailing address including city, state and zip code</i>			

**HOUSEHOLD COMPOSITION:** List everyone who will be living in the home.

Name	Relationship to Head of Household	Gender	Date of Birth	Social Security Number (optional)
	Self			

**SOURCES OF INCOME:** Social Security, SSI, SSDI, Veteran’s Benefits, Pension, Wages, Unemployment, Child Support/Alimony, Workers Compensation, W2, Interim Asst., etc.

Recipient’s Name	Type of Income	Source or Employer Name	Source/Employer Address	Source/Employer Phone	Weekly, Bi-weekly or Monthly Gross Income

**ASSETS:** Checking, Savings, Money Market, Certificates of Deposit, Trust Accounts, etc.

Recipient’s Name	Type of Asset	Where is the Asset Held? (Financial Institution Name and Address)	Balance of Account	Interest %

Have you ever been evicted or asked to leave your residence for any reason?	Yes No	If yes, please explain:
Have you ever lived in subsidized housing?	Yes No	If yes, please list dates and address:
Do you have a Section 8 Voucher/Certificate?	Yes No	If yes, which type? ~ City ~ County ~ Portable
Has any member of your household ever been convicted of a felony?	Yes No	If yes, please list household member's name and explain:
Does any member of your household have a Probation/Parole Agent?	Yes No	If yes, please list household member's name and name and phone number for P.O.:
Does any member of the household have a representative payee?	Yes No	If yes, please list household member's name and name and phone number for representative payee:
Have you served in the U.S. Military?	Yes No	Type of discharge:
Do you currently own any guns (i.e. pistol, rifle, pellet, etc.)?	Yes No	If yes, please explain:

**RECEIPT OF NOTICE:**

Do you wish to receive a written explanation of denial of tenancy?	Yes No
If yes, please list name and address you would like the notification mailed to:	Name: Address:
Signature of Head of Household:	

**Applicant #1** Name: \_\_\_\_\_

**HOUSING REFERENCES:** List all landlords or places that you have stayed in the past 3 years beginning with the most recent. **Include any time that you stayed in shelters.**

Landlord Name	Landlord Address	Landlord Phone #	Dates Of Occupancy	Unit Address You Rented	Were you on the lease?
					Y N
					Y N
					Y N
					Y N

**PROFESSIONAL REFERENCES:** List 3 people who know you that **are not family members or friends.** (i.e. Doctors, Counselors, Case Worker, Employers, Probation/Parole Agent, etc.)

Name of Reference	Relationship to you	Phone #	Address

**Applicant #2** (Fill out for a **second adult** in the household, if any)  
Name: \_\_\_\_\_

**HOUSING REFERENCES:** List all landlords or places that you have stayed in the past 3 years beginning with the most recent. **Do not include any time that you stayed in shelters.**

Landlord Name	Landlord Address	Landlord Phone #	Dates Of Occupancy	Unit Address You Rented	Were you on the lease?
					Y N
					Y N
					Y N
					Y N

**PROFESSIONAL REFERENCES:** List 3 people who know you that **are not family members or friends.** (i.e. Doctors, Counselors, Case Worker, Employers, Probation/Parole Agent, etc.)

Name of Reference	Relationship to you	Phone #	Address

**PORCHLIGHT, Inc.**  
**306 N. Brooks Street**  
**Madison, WI 53715**  
**Phone: 608-257-2534**  
**Fax: 608-257-2507**



**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_ Hereby give my permission to Porchlight, Inc. to obtain independent information about me and my family for the purpose of continued eligibility and the appropriate services of acquiring housing through them. Specifically, I Authorize release of information from:

- Current and Former Landlords
- Utility Companies
- Current and Former employers
- Federal, State, Tribal or Local Benefit Agencies
- Banks and other Financial Institutions
- Credit Bureaus
- The National Crime Information Center, Police Departments, and other law enforcement agencies
- Courts
- Welfare and other Social Services Agencies
- Drug and / or Alcohol Treatment Facilities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Providers of: Childcare  
Disability Assistance  
Medical Care

Other: \_\_\_\_\_

I agree that Porchlight Inc. may use photocopies of this authorization to accompany its requests for information. I understand that Porchlight Inc. is soliciting documents to verify continued eligibility and level of benefits, including sources of income and assets, wages, unemployment claims, tax return information, identification and composition of household, housing history.

\_\_\_\_\_  
Signature Date

Date of Birth: \_\_\_\_\_

I am  Head of Household  Spouse  Adult in family  Adult in Household

PORCHLIGHT Inc. acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's eligibility for housing assistance.

This form is valid for twelve (12) months from date of applicant's signature.