Dear Applicant,

Thank you for your interest in Cortez Hill Family Center, an up to 90-day interim shelter for families experiencing homelessness in San Diego. Our goal is to provide interim housing and services that will support you in stabilizing your family, improving your income, developing your career, and obtaining permanent housing so your family can achieve lasting independence.

Application Instructions:
1. Please complete and submit the attached application along with copies of requested documentation:
   - In Person: Alpha Square 550 14th St. San Diego, CA 92101 Monday - Friday 8:00am - 4:00pm

   Please only submit copies of these documents as originals will not be accepted.
   - Valid photo identification for each adult applicant
   - Social security cards for each family member
   - Birth certificates for each child
   - Homeless Verification Letter or Form

2. After your application and submitted documents have been reviewed, we will contact you to schedule a phone interview. Please be sure to let us know if your phone number or email changes.

If you have any questions or any difficulties obtaining the requested documents that are listed above, please call (619) 695-1450.

Sincerely,

Cortez Hill Family Center

This program is operated by Alpha Project and is funded in whole or in part with Community Development Block Grant (CDBG) Program funds provided by the U.S. Department of Housing and Urban Development (HUD) through the City of San Diego.

Main Office
3737 5th Ave., Suite 203 San Diego, CA 92103
(619) 542-1877
www.alphaproyect.org
Cortez Hill Family Center
Application Form

(All Sections must be completed)

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<th>Referred By (First, Last Name):</th>
<th>Agency/Title:</th>
<th>Phone Number:</th>
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1) Primary Applicant – General Information

First Name | Last Name | Middle Initial
Address | Street | City, State | Zip
Phone Number: | Email Address: |
Age | Date of Birth | Gender | Marital Status | Are you a Veteran? Yes | No (circle)
Primary Language: |
Secondary Language: |
Do you have identification? Yes | No (circle) | If yes, please list: |

2) Primary Applicant – Income

Employment Income (monthly): Amount $_______
Employer Name: | Position:
Employer Address: |
Date of Hire: | Payrate: | Hours per week: |

If you are unable to work, please describe your disability and/or special needs: ____________________________
3) Primary/Co-Applicant – Living Situation

Where are you currently living?

How long have you been there?

Why are you applying to Cortez Hill Family Center?

Has anyone listed on this application ever been a resident of Cortez Hill Family Center? Yes  No (circle)
If yes, when?

Co-Applicant (if applicable)

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<th>First Name</th>
<th>Last Name</th>
<th>Middle Initial</th>
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Phone Number: __________________________ Email Address: __________________________

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<tr>
<th>Age</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Are you are Veteran? Yes  No (circle)</th>
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Primary language: __________________________
Secondary Language: __________________________

Do you have identification? Yes  No (circle)  If yes, please list: __________________________

Co-Applicant (if applicable)

**Employment Income (monthly): Amount $__________**

Employer Name: __________________________
Position: __________________________
Employer Address: __________________________
Date of Hire: __________________________
Payrate: __________________________
Hours per week: __________________________

**Other Income: Amount $__________**
Type (circle): SSI  SSDI  General Assistance  Child Support  Veterans Benefits  TANF  Food Stamps  Other:

**Frequency:**

**Other Income: Amount $__________**
Type (circle): SSI  SSDI  General Assistance  Child Support  Veterans Benefits  TANF  Food Stamps  Other:

**Frequency:**
If you are unable to work, please describe your disability and/or special needs:

6) Children’s Information

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Please sign and date below after you complete the entire application. In some cases, it may be necessary for Alpha Project to share information with other agencies to ensure your placement into our program. You must agree to this release of information with your assigned case management agency. Please state which case management agency you are currently working with and by signing below acknowledge that you will not hold Alpha Project liable for any information shared with this agency.

Primary Applicant Signature ____________________________ Date ________

The following documents are requested:

- Valid photo identification for each adult applicant
- Social security cards for each family member
- Birth certificates for each child
- Homeless Verification Letter or Form

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