



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 all required documentation:

In Person: Alpha Square 550 14th St. San Diego, CA 92101 Monday-Friday 8:00am - 4:00pm

**The following documentation is required before we will contact you for an interview:**

(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
  - TB test verification for all family members (MUST be six months current)
  - Homeless Verification Letter from the referring agency
  - Marriage certificate, if applicable
2. After your application and 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.alphaproject.org

# Cortez Hill Family Center Application Form

**(All Sections must be completed)**

Referred By (First, Last Name):	Agency/Title:	Phone Number:
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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 are Veteran? Yes No (circle)

Primary Language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_

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

## 2) Primary Applicant – Income

<b>Employment Income (monthly): Amount \$</b> _____		
Employer Name:	Position:	
Employer Address:		
Date of Hire:	Payrate:	Hours per week:

<b>Other Income: Amount \$</b> _____	<b>Frequency:</b>
<b>Type (circle):</b> SSI SSDI General Assistance Child Support	Veterans Benefits TANF Food Stamps
Other:	
<b>Other Income: Amount \$</b> _____	<b>Frequency:</b>
<b>Type (circle):</b> SSI SSDI General Assistance Child Support	Veterans Benefits TANF Food Stamps
Other:	

**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 (to be completed if married, or if proof of parental obligation is provided)**

\_\_\_\_\_  
 First Name Last Name Middle Initial

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
 Age Date of Birth Gender Marital Status Are you are Veteran? Yes No (circle)

Primary language: \_\_\_\_\_

Secondary Language: \_\_\_\_\_

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

**Co-Applicant (If applicable)**

<b>Employment Income</b> (monthly): <b>Amount \$</b> _____
Employer Name: _____ Position: _____
Employer Address: _____
Date of Hire: _____ Payrate: _____ Hours per week: _____
<b>Other Income: Amount \$</b> _____ <b>Frequency:</b> _____
<b>Type (circle):</b> SSI SSDI General Assistance Child Support Veterans Benefits TANF Food Stamps Other: _____
<b>Other Income: Amount \$</b> _____ <b>Frequency:</b> _____
<b>Type (circle):</b> SSI SSDI General Assistance Child Support Veterans Benefits TANF Food Stamps Other: _____

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

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**6) Children's Information**

Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:
Name:	Age:	Date of Birth:

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 must be submitted before we will contact you for an interview and please be sure to sign your application:**

- Valid photo identification for each adult applicant
- Social security cards for each family member
- Birth certificates for each child
- TB test verification for all family members (MUST be six months current)
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