



Well House Summary and Eligibility

Well House is a nonprofit organization located on the Southeast side of Grand Rapids that provides housing for individuals and families experiencing homelessness. Interested and eligible applicants can rent a room from Well House for an indefinite amount of time. Residents may stay one month or 20 years, depending on their situation and preference. All residents at Well House have use of several common spaces, a kitchen, bathroom, and extensive outdoor areas. Well House gives priority to those who cannot access subsidized housing in the community and who have the most barriers to housing.

Individual rooms are on average \$350 per month; Double rooms are on average \$450 per month. Double rooms are available to a parent and child, a couple, or two people who consider themselves a family. Other rooms vary. The rent amount includes the room (which has a lock on the door); a portion of gas, water & electric and some furniture.

An individual or family can still be accepted into Well House if a written commitment is in place from an organization or agency committing to paying the rent until the individual or family secures income. A security deposit equal to one month's rent is also required for all tenants.

All applicants **must** have one designated Support Person who can be called in case of a problem or emergency. This Support Person can be from an agency or a church member, however historically family members have not been reliable long-term support persons.

Well House rules are very simple. All tenants must pay rent in a timely manner. Tenants must respect all other tenants, staff, and neighbors. Tenants must pay for any property damage they are responsible for. There is no smoking in the houses. Residents are asked to give 30 day notice if they plan to move.

Interested individuals can call us at **616-245-3910** or email us at **contact@wellhousegr.org** to determine eligibility.



**Well House
Application for Tenancy**

Date: _____

Name: _____ Phone Number: _____

Date of Birth: _____ Social Security Number: _____

What is your family size? (If applicable): _____

Housing Status/Current Living Situation: _____

How long? _____

How many times have you experienced homelessness? _____

What was your last permanent residence? _____

How long ago? _____

Why did you leave that residence? _____

Have you ever been denied subsidized housing? (Please circle) **Yes** **No**

If yes, how long ago? _____

Source of Income: (Please circle) **Yes** **No** Income Amount: _____ Income Source: _____

Place of Employment: _____

Supervisor's Name: _____ Employer/Supervisor's Number: _____

Criminal History: (Please circle) **Yes** **No**

If yes, please describe: _____

Are you currently working with any organizations or agencies? (Please circle) **Yes** **No**

Support Person/Emergency Contact

Name: _____ Title/Relationship: _____

Address: _____

Phone Number: _____

Organization: _____

I certify that all the information on this application is accurate and complete to the best of my knowledge. I authorize Well House to complete a criminal background check.

Signed: _____ Date: _____

Printed Name: _____

Witness: _____

TO BE COMPLETED BY WELL HOUSE STAFF

Application received on: _____ Interviewed on: _____ Waitlist Number: _____



**Well House
Homeless Verification Form**

I certify that _____

_____ Is living in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings or on the street.

**** Verification: attach statement of situation and signature of current service provider.**

_____ Is staying in an emergency shelter for homeless persons.

****Verification: please attach a statement of situation with signature of shelter staff.**

_____ Is a temporary resident in a hotel/motel through sponsorship by a service agency or hotel voucher program. No subsequent residence has been identified and the person lacks the resources and support needed to obtain housing.

****Verification: please attach statement of situation, proof of hotel voucher, and signature of current service provider.**

_____ Is being discharged from an institution, such as mental health or substance abuse treatment facility, or jail or prison and was living in an emergency shelter or on the streets immediately prior to entering the institution.

**** Verification: please attach a statement of situation and signature of the institution staff member.**

Statement of current situation: (Attach a separate sheet if needed)

Housing History:

Does this person meet HUD's definition of Chronically Homeless as listed below?

"Chronically homeless is defined as 'an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years.' To be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (i.e. living on the streets) or in an emergency shelter."

_____ Yes, this person is chronically homeless.

_____ No, He/she is currently but not chronically homeless.

Service Provider Signature: _____ Date: _____

Print Name: _____ Provider Organization: _____

Well House Staff Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



EQUAL HOUSING
OPPORTUNITY

REV03/2021



SUPPORT PERSON, INDEPENDENT LIVING AND DISCLOSURE AUTHORIZATION

This document confirms that the individual (name) _____ referred by _____ (organization or individual) is able to live independently (physically, mentally, behaviorally) and is able to follow lease agreements. The primary support person for the client/tenant (support person) _____ of (organization) _____ understands that she/he/they will be the main contact for ensuring tenant's stability and will be contacted in the event that housing is at risk.

Support persons contact information:

Emergency contact phone number: _____

Emergency contact email _____

ID provided: _____ (Attach copy)

The client/tenant (named above) understands that living at Well House is their choice and the lease must be followed to maintain housing.

Client/Tenant authorizes Well House to communicate with Support Person and other providers to address client/tenant's housing stability challenges and needs.

Tenant signature: _____ Date: _____

Support person signature: _____ Date: _____

