

STEADFAST HOUSING DEVELOPMENT CORPORATION

Supported Housing Program

888 Iwilei Rd. #250 · Honolulu, HI 96817 · Phone: (808) 533-0449 · Fax: (808) 533-0459

Client: _____

Ph: _____

CM: _____

Ph: _____

The Supported Housing Assessment for your client has been scheduled for:

Date/Time: _____

Location: _____

Please have your client bring the following:

_____ Income Document Verification (SSI, SSDI, DHS benefit letters, or Bank Statement with Direct Deposit). - Must be current

_____ Recent Bank Statements (Checking, Savings, Credit Union, Joint Accounts)

_____ Letter stating you are on the waitlist for other Rental Assistance Programs.
(If client has applied to HCDCH (state) Rental Assistance programs or C&C Section 8)

_____ Pay Stubs: If employed
(Minimum last 2 months worked. If self-employed last Tax return filed.)

_____ Picture ID

_____ Social Security Card

_____ Medical Insurance Card

_____ Receipts for any regular out-of-pocket medical expenses
(If client regularly pays for his/her own medication(s), Therapy sessions, etc.)

Case Manager to bring the following:

_____ Current Psych Eval with ICD-10 Code

_____ The clients current medication(s) and dosage

_____ Copy of the clients conditions of Probation or Parole
* If Applicable

_____ Master Recovery Plan