SNOW BELT HOUSING
(315)-376-2639
7500 SOUTH STATE STREET, LOWVILLE, NY 13367

HOMELESS PREVENTION PRE-INTAKE

The Homeless Prevention Case Manager will schedule an appointment as soon as possible.
You must complete the Intake Process before *any* services can begin, which can take a few days.

NOWHERE TO GO?

If you have nowhere to stay tonight, please contact the following programs for immediate assistance:

WARMING CENTER – 315-955-6240 - 5499 Jackson Street, Lowville
Emergency Sheltering Option - OPEN 7am-7pm - October 1st-April 1st

Lewis County DSS Emergency Assistance – 315-376-5400 - 5274 Outer Stowe Street, Lowville
Temporary Housing Options for qualified applicants - ***After Hours Contact: 315-376-7745.***

Lewis County Opportunities Victim Services- 315-376-4357- Lowville
Emergency Victim Assistance Shelter

HOW DO I QUALIFY FOR SERVICES?

1. Complete the PRE Intake Form
2. **Gather all required documents(See below)**
3. **Return PRE Intake Form and all documents to the main office** *(drop off at office mailbox or email)*
4. Begin looking for an eligible apartment by contacting the landlord list attached to this packet or searching online *(do not sign a lease before qualifying for homeless prevention financial assistance)*
5. Apply for Lewis County Opportunities Section 8 Voucher program if you need ongoing help with rent by calling 315-376-8202

If you need additional assistance with paperwork or advocacy, please contact NRCIL at 315-836-3735.

REQUIRED DOCUMENTS

- Photo ID for all adult household members
- Social Security Card for all household members
- Birth Certificate for all household members
- Eviction Notice
- Proof of income:
  - All adult household members (wages, unemployment, SSI/D, etc.)
  - SNAP/Temporary Assistance budget. *If you do not have SNAP/Temporary Assistance you can log on to mybenefits.ny.gov and apply online. If you do not have access to a computer, you may call DSS and schedule an appointment to apply for these programs or go to your local library.*
  - IF YOU HAVE NO INCOME you are **required** to apply for Temporary Assistance.
    You will need a budget or denial letter from DSS in order to qualify for financial assistance.

THIS IS AN EQUAL OPPORTUNITY PROGRAM. DESCRIMINATION IS PROHIBITED BY FEDERAL LAW.

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HOMELESS PREVENTION PRE-INTAKE

PRE INTAKE FORM

REFERRED BY: _____

Family Size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
YEARLY	$18,600	$21,250	$26,650	$32,150	$37,650	$43,150	$48,650	$54,150
MONTHLY	$1,550	$1,771	$2,221	$2,679	$3,137	$3,595	$4,054	$4,512
WEEKLY	$357	$409	$513	$618	$724	$830	$936	$1,041

NAME:	DATE:
ADDRESS: CITY/STATE/ZIP:	
PHONE/MESSAGE #:	EMAIL:
YEARLY INCOME:	FAMILY SIZE?
ARE YOU PENDING EVICTION?	DO YOU HAVE A PLACE TO STAY TONIGHT?
ARE YOU LIVING IN HOTEL?	ARE YOU LIVING WITH FAMILY/FRIENDS?
HAVE YOU RECEIVED HOMELESS PREVENTION ASSISTANCE FROM US IN THE PAST?	HAVE YOU EVER SERVED IN THE MILITARY?
DO YOU CURRENTLY OWN YOUR HOME?	DO YOU RECEIVE HUD/ RENT VOUCHERS?

PLEASE BRIEFLY DESCRIBE YOUR CURRENT LIVING SITUATION AND WHAT YOU NEED ASSISTANCE WITH: _____

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