Catholic Charities

◆ AGING SUPPORT SERVICES ◆

Catholic Charities Long Term Rental Subsidy Program DAS

Pre-Initial Intake Form

Date: _____

Participant Name: DOB/ Age:	Phone: Email:
Referent Name/Agency:	Phone: Email:
Landlord Name:	Phone: Email

If participant is under 59 and younger, prove disability is required. ☐ **Yes** ☐ **No**

Current monthly income (input exact amount): _____ **Source of income:** _____

Is the participant housed? ☐ **YES** ☐ **NO**

Current monthly rent amount: _____ **Rent Type:** _____

Does the landlord/property management have W9? ☐ **YES** ☐ **NO**

Attach rent ledger ☐ **YES** ☐ **NO**

Any back rent? ☐ **YES** ☐ **NO** **If yes, how much? $**_____

For office use only:

☐ **Eligible** ☐ **Ineligible**

Last updated July 2026

SAN FRANCISCO HUMAN SERVICES AGENCY
Department of Disability and Aging Services