



Sunlight Foundation NFP

Housing Sustainability Award

Description

The Housing Sustainability Award is designed to provide support to individuals and families who have been impacted by homelessness. It is also for those who are striving to maintain their housing. Financial assistance and/or housing supplies are given to families who are referred by qualifying organizations or programs.

Criteria – the following criteria must be met for individuals and/or families to be considered for the award.

Referral Process

- Referrals must be made by an organization or program that is working with or has recently worked with the family.
- A representative from the organization will receive, complete, and submit the application on behalf of the participant. If awarded, the agency representative will be notified of the award. They will be responsible for notifying the recipient, picking up, and delivering the award.

Participant Criteria

Participants must:

- Have recently moved into transitional, supportive, or permanent housing. (Within the last 12 months)
- Be scheduled to move into transitional, supportive, or permanent housing within the next 60 days. (Must have a move in date)
- Be actively participating in a program or case management services with an organization or agency servicing the homeless or at-risk populations.
- Must be a resident of Cook County. **(All are encouraged to apply; however, priority consideration will be given to those living on the South Side of Chicago and South Suburbs).**

Time Frames

- Applications will be distributed by the first week of November 2023.
- Application deadline is December 15, 2023. Applications can be uploaded and sent via email to info@sunlightnfp.org or mailed to Sunlight Foundation NFP, PO Box 429, Dolton, IL 60419. Mailed applications must be postmarked December 15th or before.
- Awardee organizations will be notified on January 16, 2024.



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Award Application

Organization Information – Please complete the following information for the referring organization/agency or program.

Organization/Agency Name _____

Address _____

Website (if applicable) _____

Name of individual completing referral: _____

Title/Position: _____

Contact Information

Phone _____ Email: _____

Brief description of the organization's/agency's services for the homeless or at -risk population.

Recipient/Family Information

Recipient/Family Name: _____

Address _____

City: _____, IL Zip _____

Is this a house or apartment? _____ Length of time at this address? _____

(Please provide move it date if family is not currently living at the address listed)



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Award Application (continued)

Type of Housing:

_____ Transitional Housing _____ Supportive Housing _____ Permanent _____ Other

(If other, please explain) _____

Phone: _____ Email: _____

Is the family currently enrolled in your organization's Program? _____ Yes _____ No

If no, has the family recently participated in your organization's program?

_____ Yes _____ No

Last date recipient participated? Month _____ Year _____

Number of individuals in the family? _____

List all household members (Please indicate if there are any known allergies. Use additional sheets if needed) **** This information will remain confidential and is used for demographic and reporting purposes as required by the Internal Revenue Services, unless permission is otherwise granted by the family/or individual. We do not discriminate services based on age, gender, race, ethnicity, or ability.***

NAME	AGE	GENDER	RACE	ETHNICITY



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Award Application (continued)

Recipient Needs - Please check all items that apply. All items may not be available at the time of distribution. Distribution will be given based on donations received.

- Household Cleaning and Laundry Supplies
Bedding Linen (i.e., Sheets, comforters/blankets) Please write the number needed for each bed size
Twin Full Queen King
Bathroom and Hygiene supplies
Other Needs (please list-use additional pages as needed).

OPTIONAL: Is applicant (family/or individual) willing to be contacted by Sunlight Foundation NFP or listed in future communications as an awardee? Yes No

Does applicant (family/or individual) give permission for their image and or likeness to be used by Sunlight Foundation NFP? Yes No

(Please note - answering no, does not affect your ability to receive an award)

Signature of Head of Household

Date Submitted

Completed by:

(Print Name of Person Completing the Application)

Signature