



Short Term Shelter Application

Date of Application: _____

Completed By: _____

Applicant Information

Name: _____ DOB: _____ Social Sec #: _____

Email: _____ Phone: _____

Race: Asian African-American Caucasian Hispanic Native-American

Current Marital Status: Single Married Separated Widowed Divorced

Most recent address: _____
Street Number City State Zip

Are you a veteran? Yes No

Have you been homeless for at least one year? Yes No

In the past thirty (30) days, what has been your most current living situation?

- Domestic violence situation
- Emergency shelter
- Hospital
- Jail/prison
- Living with relatives/friends
- Psychiatric facility
- Rental housing
- Substance abuse treatment facility
- Transitional housing for homeless persons
- Other (please specify)

Location: _____
Street Number City State Zip

Educational History

Educational Institution

of Years Completed

Diploma/Degree/Certificate

High School:

GED Yes No If yes, when (mo/yr) _____

College/University:

Technical/Vocational School:

Work History

Are you currently employed? Yes No

If not, how have you been supporting yourself? _____

Pay period: Weekly Bi-Weekly

Occupational/Special Skills & Training: _____

Income at Entry

No Income <input type="checkbox"/>	\$1-150	\$151-250	\$251-500	\$501-1,000	\$1,001-1,500	\$1,501-2,000	\$2,001plus
TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI/SSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support/Alimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DFACS/CPS Worker: _____

Telephone: _____

Family Information

Do you have minor children? Yes No

Do you have custody? Yes No

Where do(es) the child(ren) reside? _____

Child/ren's Name(s)	Age	Gender

Narratives

This program will provide a hotel stay for up to one week. Are you awaiting a spot in a shelter or do you have a plan to transition into the home of a friend or family member?

Describe the circumstances that led to your seeking help?

Please provide us with the list of any other organizations you are working with and any other case workers or service providers assigned to your family.

Short Term

Goals: _____

Immediate

Needs: _____

Signature

By signing my name, I agree that I have answered all questions truthfully and I am applying to Safe Space Property Management's Short-Term Shelter Program:

I also acknowledge that applying for Safe Space Property Management's Short-Term Shelter Program does not guarantee approval. If deemed necessary, additional documentation to verify the information provided may be requested. I agree to adhere the rules of the property/hotel in which I am being allowed to stay. I will not damage or remove any items provided for my use during my stay in these accommodations. If I damage any property belonging to the property/hotel I am assigned to, I agree to pay for any damages incurred, as Safe Space Property Management will not be held liable for these charges. I agree to abide by these expectations and understand that a failure to do so may result in my immediate termination from program participation, and if necessary, legal action.

Applicant's Signature

Date

Applicant's Printed Name

Date

Authorized Signature

Date

Status

Approved Hotel

Referred to another organization

Denied/Reason: _____

Verification Documents Received

ID & Social Security #

Income Verification

Referred By: _____