



Thriver's Heart Program Application

Date of Application: _____

Completed By: _____

Applicant Information

Name: _____ DOB: _____ Phone #: _____

Race: Asian African-American Caucasian Hispanic Native-American Other

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
- Non-housing (bus station, car, park, street, etc.)
- 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

What items are you requesting to receive from this program?

Describe the circumstances that led to your seeking help?

Are you interested in receiving information about other services offered by Safe Space Property Management?

Goals: _____

Strengths: _____

Signature

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

I also acknowledge that applying for Safe Space Property Management's Thriver's Heart Program does not guarantee approval. If deemed necessary, additional documentation to verify the information provided may be requested. Items are available based on current inventory. I will make myself available to pick up the items I am approved to receive within 5 business days. I agree to abide by program rules and understand the failure to do so may result in my termination from program participation.

Applicant's Signature

Date

Applicant's Printed Name

Date

Authorized Signature

Date

Status

Approved

Referred to another organization

Denied/Reason:
