Chris & Sara Care Homes

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(404) 939-7742

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https://www.likehome.homes

📝 Resident Intake Application

Please complete this form to help us understand your housing needs.

👤 Personal Information

- Full Name: [_____]
- Date of Birth: [//_____]
- Gender: ☐ Male ☐ Female ☐ Other
- Email Address: [_____]
- Phone Number: [_____]

🪪 Identification

- ID Type: ☐ State ID ☐ Driver's License ☐ Passport
- ID Number: [_____]

🏠 Address & Employment

- Current or Most Recent Address: [_____]

- Employment Status:

☐ Employed Full-Time ☐ Employed Part-Time ☐ Student ☐ Retired ☐ Unemployed ☐ On Disability

- Vehicle: ☐ Yes ☐ No

📍 Housing Preferences

- Location Seeking to Live: [_____]
- Duration Needed:

☐ 1–3 months ☐ 4–7 months ☐ 8–12 months ☐ More than 12 months

- Budget (monthly): [_____]

💳 Payment Information

- Who is Paying: ☐ Self ☐ Third-Party
- Contact Person/Agency (if not self):

Name: []

Phone/Email: []

🔗 Referral Information

- Referral Source: [_____]

📝 Housing Needs

- Brief Description of Housing Needs:

[_____]

- Preferred Move-In Date: [//_____]
- Special Needs or Accommodations:

[_____]

✅ Applicant Signature

I certify that the information provided above is true and complete to the best of my knowledge.

Signature: _____ Date: _____