

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

D.O.C. No.: _____ Date of adjudication: _____

Will they be on parole, probation or neither: YES NO

How long will they be on parole/probation? _____

Do they have any mental health issues? If so, please explain: YES NO

Do they have any health issues? If yes, please YES NO explain:

Please list all substance abuse problems:

Is the applicant eligible for Social Security, Medicaid, Medicare, Disability, or VA Benefits? If yes, which ones: _____

Will the applicant be able to work? YES NO

Please list any treatment programs the applicant has been involved in

Current Address if applicable: _____

Street Address Apartment/Unit # City State ZIP Code `

Phone: _____

Email

Certification: I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in denial of my application for housing.

Signature: _____

Date: _____