

Application Form

This form is for individuals seeking a temporary, structured living arrangement. Please fill out all sections completely.

1. Resident Information

Resident's Full Name: _____ Date of Birth: _____

Gender: _____ Social Security Number (last 4 digits): _____

Current Address: _____

Primary Phone Number: _____ Email Address: _____

2. Referral & Background Information

Referred by: (e.g., Shelter, Social Services, Hospital, Self) _____

Contact Name and Agency: _____ Phone Number: _____

Have you previously been in a transitional housing program? ☐ Yes ☐ No

If yes, where and when? _____

Legal History (current or pending charges): _____

Are you currently on probation or parole? ☐ Yes ☐ No

3. Current Situation

Primary Reason for Seeking Housing: (e.g., homelessness, re-entry from incarceration, domestic violence, job loss)

Current Employment Status: _____

Source of Income (e.g., unemployment, part-time job, disability): _____

Monthly Income Amount: \$ _____

4. Goals and Commitment

What is your primary goal for your stay here? _____

Check the areas you need to work on to achieve independence:

- ☐ Employment/Job Training
- ☐ Financial Management
- ☐ Permanent Housing Search
- ☐ Mental/Physical Health
- ☐ Substance Abuse Recovery
- ☐ Legal Issues

Please describe your readiness and willingness to follow a structured program: _____

5. Acknowledgment

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false information may result in a denial of my application.

Applicant's Signature: _____ Date: _____