

Mission of Grace Homes — Resident Application

Applications are processed within 1-2 business days. Please fill out and submit resident application to intake@missionofgracehomes.com

Date of Application: _____ Desired move in date: _____

Applicant Information

Full Name: _____

Date of Birth: _____ / _____ / _____ Social Security Number (last 4 digits): _____

Best Contact Phone Number: _____

Email Address: _____

Current Address: _____

City / State / ZIP: _____

If Applicable:

Parole / Legal / Residency Status Are you currently on parole or probation? Yes / No

Parole/Probation Officer Name: _____

Officer Phone Number: _____

Parole/Probation Case Number: _____

Are you a veteran? Yes / No

Gender: _____

Have you ever been convicted of a felony? Yes / No If yes, explain (offense, date, status):

Do you currently have any pending court cases? Yes / No If yes, describe:

Housing / Stability History Current living situation (circle one): Shelter / Motel / With Friends or Family / Halfway house/ Homeless / Other: _____

Include the name of any previous group home or transitional housing you stayed at and your experience there : _____

Medical History

Substance Use & Treatment History Current treatment? Yes / No

Provider / Program: _____

How long have you been sober: _____

List your Medications: _____

List any Health conditions: _____

List any mental health diagnoses / details: _____

Do you need any daily living assistance? (bathing, dressing, cooking ect) Yes / No If yes, please explain which needs: _____

House Rules

1. **Must be able to get along with others.**
2. **Quiet hours from 9pm-9am**
3. **House Curfew 10pm. Please let the property manager know if you need to leave or do something after 10pm. (Tier 1 housing only)**
4. **No guests allowed inside the home.**
5. **No Pets.**
6. **No drugs or alcohol.**
7. **No smoking inside the house.**
8. **Be clean and respectful to the house and others.**
9. **Must maintain a clean environment and contribute to keeping the house clean.**
10. **Follow in-unit laundry days. If applicable**

Do you agree to abide by house rules? Yes / No

I, _____, understand that if I violate any of the rules I risk being terminated from the Mission of Grace Homes Housing Program.

Income

Employment & Income Employed? Yes / No

Employer Name & Contact Number: _____

Hours per week: _____

Income sources: SSI / SSDI / Unemployment / Benefits / Other Plan to afford housing:

Do you qualify or currently receive SNAP: Yes / No

What is your total income source a month: _____

I, _____, understand that payment for lodging is due each month.

Resources Request

Mission of Grace Homes partners with various organizations to help connect residents with available resources. Please indicate any support you may need upon admission. While we will do our best to help secure these resources, we cannot guarantee availability, and we always encourage residents to seek assistance through additional programs as well.

☐ Food assistance

☐ Clothing assistance:

☐ Men / Women

☐ Size Shirts: _____

☐ Size Pants: _____

☐ Shoe Size: _____

☐ Cellphone assistance

☐ Substance abuse counseling

☐ Get help obtaining: ID / Social Security Card / other: _____

☐ Other: _____

Support Network & References Emergency Contact:

Name: _____

Relationship: _____ Phone: _____

Address: _____

Name: _____

Relationship: _____ Phone: _____

Address: _____

Consent & Agreement: By Signing my name, I certify that I am submitting all my requested items along with my application and the information presented in application, is true and accurate to the best of my knowledge.

Name Printed: _____

Signature: _____ Date: _____

Documents to Submit

- ☐ Valid form of Identification
- ☐ Proof of income
- ☐ Discharge paperwork from hospital/clinic . *If applicable.*
- ☐ Rent & Move-in Fee due before moving in. Room availability must be coordinated with an intake coordinator. intake@missionofgracehomes.com
 - ☐ Move-in Fee \$200
 - ☐ Private Room with private bath: 1,200
 - ☐ Private Room, Shared bath: \$850-950
 - ☐ Shared Room, Shared bath: \$550-750

Next Steps

1. ***Once the application has been reviewed and approved. The intake coordinator will create a portal where applicants can make payments & submit move-in fees.***
 - ***Please ensure applicant has access to a personal email as each portal is created with its unique email address***
 - ***If the applicant does not have access to personal email or phone number please let the intake coordinator know.***