



Martha's House Program Application

Date Application Given: _____ Date Application Received: _____

Please fill out this application **completely and truthfully** to be considered for Martha's House. This application must be filled out completely. If the question does not apply, put NA in that space.

If there are two (2) adults, each person needs to fill out an application for Martha's House.

Applicant: _____ SSN: _____ Birth Date: _____

Other Names Used: _____ Referred by: _____

Spouse/Partner: _____ Adults: ___ + Children: ___ = Total in Family: _____

Phone Number: _____ Email: _____

Driver's License/ID: _____ State: _____

Car Make: _____ Model: _____ Color: _____ License Plate: _____

Circle the last year of school you attended: 6 7 8 9 10 11 12 GED College: _____

Do you smoke? Yes No If **YES**, how long: _____ Are you currently on disability? Yes No

Are you currently pregnant? Yes No If **YES**, number of months: _____ Physician: _____

Children Living With You	Date of Birth	Age	Relationship	School	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Personal Resources (current):

Cash: \$ _____ Checking: \$ _____ Savings: \$ _____ Other: \$ _____

Financial Aid (current):

Food Stamps: Applied Yes No Receiving: \$ _____ Start Date: _____

DHS/TANF/Welfare: Applied Yes No Receiving: \$ _____ Start Date: _____

Unemployment: Applied Yes No Receiving: \$ _____ Start Date: _____

Employment: Hours/Week: _____ Receiving: \$ _____ Start Date: _____

Other Income (Job, Child Support, SSI/SSD): Receiving: \$ _____ Start Date: _____

If the answer to the Food Stamps/TANF is **NO**, please explain:

Housing History

Have you ever been in a shelter? Yes No

If **YES**, which shelter(s)?

Shelter _____ Month/Year _____

How long have you been homeless?

Where are you currently staying?

What are the reasons for your homelessness?

___ Evicted Amount owed: \$ _____

___ Utilities Amount owed: \$ _____

___ Domestic Violence

If so, do you have a restraining order against your partner, or is he/she in another area?

What have you done to find housing for you and your family? Have you signed up for:

CAPECO/Moving Forward: Yes No

If not, why?: _____

Low Income/UCHA: Yes No

If not, why?: _____

Rental History: List where you have lived in the past **three years**. Begin with the **most recent**. If you are currently living on the street, list the last address where you resided. *Do not include shelters.*

Address	From	To	Reason for leaving or eviction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work History

Begin with your **most recent** employment and work backwards **three years**. Be **specific**.

Business and job title	From	To	Reason for leaving or fired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What are you doing to find employment?

Have you signed up with the Employment Office/WorkSource Oregon? Yes No If **NO**, why not?

Express Professionals? Yes No If **NO**, why? _____

Other Temp Agencies? Yes No If **NO**, why? _____

BMCC's JOBS Program? Yes No If **NO**, why? _____

PLEASE READ CAREFULLY:

*We do UA drug screening on all potential adult residents. If you are currently using drugs of any kind, **INCLUDING MARIJUANA**, medical or not, you will not be allowed into Martha's House. You must be **DRUG FREE – NO drugs in your system for at least one month before being considered**. We reserve the right to ask you to seek drug counseling as part of the requirement to enter Martha's House.*

Do you currently drink alcohol? Yes No In the past? Yes No

Do you currently use drugs including marijuana? Yes No In the past? Yes No

If you answered **YES** to any of the above, when was the last time you consumed alcohol or used drugs (legal or illegal)? _____

Have you ever been in a treatment program for drugs or alcohol? Yes No

If **YES**, when, where, and for how long: _____

Have you ever had mental health counseling or treatment? Yes No

If **YES**, please describe your psychological history (treatment plan, counseling, diagnosis, etc.):

*We do background checks on all adult applicants. **Please make sure you are truthful in your responses.** If you have any felonies or misdemeanors you may not qualify for Martha's House depending on the charges. These include crimes against another person (theft/assault) or selling/manufacturing drugs.*

Have you ever been arrested or convicted of a crime? Yes No

If YES, please describe in detail when you were arrested/convicted, where it happened, how much jail or prison time was served, and whether you are on probation. **Use the back page if necessary.**

History of domestic violence (you or your partner physically hurting another or being hurt)? Yes No

If YES, please describe the incidents of domestic violence (who, what, when, where, how, police report):

List any current prescription medications: _____

Emergency Contact:

Name	Address	Phone	Relationship
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Other information you wish to share: _____

**MARTHA'S HOUSE IS A PROGRAM,
NOT A LANDLORD/TENANT RELATIONSHIP**

*Martha's House is not, in any way, a landlord and tenant relationship. Martha's House is a program specifically meant to help residents get back to a sustainable lifestyle. The program **may include**: classes, goal-setting, specific chores, job searches, volunteering, and random room and drug checks. The length of this program is three months with a possible extension under certain conditions with the approval of all management. The length of stay can be shortened if a resident is not complying with the rules. The **first 30 days are on a temporary basis only** and will help us determine whether you are serious about making a change in your life. The first 30 days will count toward the 3-month stay.*

You will be required to take a UA test and background check during your first interview. The cost of these required items will be **\$17** per adult and will need to be paid at the time of the interview.

MARTHA'S HOUSE IS A DRUG & ALCOHOL-FREE FACILITY

Initials _____

By signing this document, you agree that you will comply with the program shelter rules and will abide by them always or possibly face being asked to leave permanently for failure to do so.

Initials _____

I understand that if I provide false, incomplete, or inaccurate information on this application, I risk the chance of not being approved for the Martha's House Program now or in the future.

Applicant Signature

Date