



Tiny Home Village Resource Manager  
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## **The Tiny Home Village Transitional Housing Community Program**

The Tiny Home Village is New Mexico's first housing project of its kind. Located within Albuquerque's International District, the village provides a safe and supportive space for people who are currently unhoused to find their feet within a community setting. The THV program is strengths-based, solution-focused, and trauma-informed. We use an individualized client-centered approach with an emphasis on substantive long-term growth and progress. Residency in the village is not time-limited but the project is future-oriented and designed to provide villagers with necessary tools to successfully sustain themselves, including after they have found alternative accommodation outside the village.

The THV consists of 30 stand-alone living units—five of which are handicap accessible—with individual porches, eight single-occupancy lockable bathrooms, and a communal Village House with a wide variety of amenities—all set within a fully fenced and secured site, landscaped with trees, gardens, and open-air living areas. The village population is capped at 40 villagers with a maximum of 10 couples. A \$30 utility contribution is due by the 3rd of every month.

We invite applications from people who are currently unhoused who have been sober and/or clean for at least 10 days when starting the application process, who do well in social and cooperative settings with other people, who are willing and able to complete a set number of village hours per week to help maintain and run the village, and who will take advantage of the various educational, developmental, and therapeutic possibilities the THV program offers. All villagers must be 18 and older. No registered sex offenders or people who have been found guilty of a sex offense charge will be accepted. We conduct a toxicology screening, a medical screening, and a background check before accepting applicants into the program. All successful applicants will have to test negative for COVID if they are not fully vaccinated.

If you are interested in applying, please complete the attached form honestly and with as much detail as possible. You will not be automatically excluded because of an answer you have provided on the application form but if we find that you have lied during the application and vetting process, your application will be rejected.

The THV project does not discriminate against anyone on the grounds of gender presentation, sexual preference, age, race/ethnicity, religion, educational background, or political persuasion. However, we do strive to have the THV villager demographic mirror the composition of the people who live unsheltered in Albuquerque.



**APPLICATION FORM**

*(Answers to essay questions can be voice recorded and submitted to ilsebiel@icloud.com. For help with recording your answers, contact Ilse Biel at 505-200-9276)*

Date of Application: \_\_\_\_\_

Referred by: \_\_\_\_\_  
Name Telephone Email

Your Full Legal/Official Name: \_\_\_\_\_

Other Names/Aliases Used: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ This is  your phone  a friend's phone  
 other (specify): \_\_\_\_\_

Email Address(es): \_\_\_\_\_ Mailbox Address: \_\_\_\_\_

Regular Location: \_\_\_\_\_

Best Way(s) to Contact You: \_\_\_\_\_

Have you completed a vulnerability index (VI-SPDAT) interview during the last 12 months?  
 Yes  No

If not, do you agree to complete the interview to continue with this process?  Yes  No

How do you identify?  Female  Male  Non-Binary  Other

What is your Date of Birth? \_\_\_\_\_ Social Security Number? \_\_\_\_\_

Race/Ethnicity? \_\_\_\_\_

Are you currently  Single  In a serious relationship  Married  Divorced  Widowed

Is your Spouse/Partner applying for residency as well?  Yes  No

If yes, what is your spouse's/partner's name? \_\_\_\_\_

**Please note: if you are applying as a couple, we do need a separate application for each of you before we can start processing anything.**

Do you have children?  Yes  No If yes: Do they live in Albuquerque?  Yes  No  
Are you in contact with them?  Yes  No How many are under 18? \_\_\_\_\_

Do you have a regular (circle one) caseworker/community advocate/sponsor?  Yes  No

If yes: Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Who is your emergency contact? Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have particular personal, physical, and/or mobility wellness requirements?  Yes  No

What would you need from THV to make you more comfortable? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a certified service animal?  Yes  No

What work or task has your service animal been trained to perform? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a substance use disorder?  Yes  No For how long? \_\_\_\_\_

What is your substance of choice? \_\_\_\_\_ Your clean date? \_\_\_\_\_

Are you active in a recovery program?  Yes  No Which? \_\_\_\_\_

Are you currently working with a sponsor or a mentor?  Yes  No For how long? \_\_\_\_\_

Are you a veteran?  Yes  No If yes: What is your type of discharge \_\_\_\_\_

What is your level of education?

- Some school  High school/GED  Apprenticeship/Internship  
 Some college  College graduate  Other

Do you have a source of income?  Yes  No What is it? \_\_\_\_\_

Are you currently employed?  Yes  No

If yes: What is your occupation? \_\_\_\_\_

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work hours? \_\_\_\_\_

If you are currently unemployed:

When was the last time you had worked? \_\_\_\_\_

Do you want to/are you able to work?  Yes  No

If yes, are you actively looking for a job?  Yes  No

Where did you sleep last night? \_\_\_\_\_

\_\_\_\_\_

How did you become unhoused? \_\_\_\_\_

\_\_\_\_\_

How long have you been without stable housing? \_\_\_\_\_

Do you have  a car  an RV  a motorcycle  a bicycle  other personal transport

How much stuff do you have?  backpack  carload  truck load  storage unit

Which word(s) describe(s) you best?

Efficient

Quick

Supportive

Imaginative

Reliable

Loner

Night-owl

Tired

Hardworking

Practical

High Standards

Organized

Leader

Punctual

Strong

Calm

Responsible

Honest

Reasonable

Honest

Reasonable

Creative

Inventive

Knowledgeable

Which other word(s)? \_\_\_\_\_

What is an immediate goal you would like to work towards? \_\_\_\_\_

\_\_\_\_\_

What is one of your longer-term goals? \_\_\_\_\_

\_\_\_\_\_

What are your strengths? \_\_\_\_\_

\_\_\_\_\_

What skills do you have? \_\_\_\_\_

\_\_\_\_\_

In a meeting, you prefer to:

- |                                                            |                                                      |
|------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Keep things moving along          | <input type="checkbox"/> See how you can help        |
| <input type="checkbox"/> Listen                            | <input type="checkbox"/> Make sure the job gets done |
| <input type="checkbox"/> Keep a record of what people said | <input type="checkbox"/> Draw up a plan              |
| <input type="checkbox"/> Organize the space etc.           |                                                      |

Which qualities do you appreciate most in people? \_\_\_\_\_

\_\_\_\_\_

What are the things you are most worried about—in people, in places, in general? \_\_\_\_\_

\_\_\_\_\_

What do you like most about the Tiny Home Village project? \_\_\_\_\_

\_\_\_\_\_

Have you been active in any homeless issues/activism?  Yes  No

Explain? \_\_\_\_\_

\_\_\_\_\_

Have you ever lived in a homeless village or any intentional community environment?

Yes  No If so, where, when, and for how long? \_\_\_\_\_

\_\_\_\_\_

Why do you think you will be a good fit for the village? \_\_\_\_\_

\_\_\_\_\_

Is there anything else that you would like the THV Vetting Committee to know about you? \_\_\_\_\_

\_\_\_\_\_

I certify that the information provided above is accurate, true, and correct. I have read and understood the process to become a full villager. I have read and understood the villager agreement. I give permission to the THV representatives to contact any individual listed above. I give permission to the THV to conduct a background check to confirm the accuracy and completeness of the information I provided. I agree to undergo a physical medical examination before entering the village.

\_\_\_\_\_

Print Name of Applicant

Signature of Applicant

Date

Application completed on behalf of the applicant by:

\_\_\_\_\_

Print Name

Signature

Date

## Medical Questionnaire

*We ask these questions so that we have a record in case of emergencies and so that we can ascertain whether we are able to provide you with the care you need. All information will be kept confidential. If you feel uncomfortable answering a question, leave it blank*

Name: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please specify to what:

Food allergies: \_\_\_\_\_

\_\_\_\_\_

Allergies to medications: \_\_\_\_\_

\_\_\_\_\_

Any other: \_\_\_\_\_

\_\_\_\_\_

Are your allergies bad enough for you to need an Epi-Pen?  Yes  No

If so, where do you keep it? \_\_\_\_\_

Do you suffer from asthma?  Yes  No

If so, where do you keep your inhaler? \_\_\_\_\_

Do you suffer from any conditions that might necessitate urgent care?  Yes  No

Please specify \_\_\_\_\_

\_\_\_\_\_

Please list ALL medications you are currently prescribed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where do you receive your primary medical care? \_\_\_\_\_

When was the last time you saw a doctor? \_\_\_\_\_

Please list all diagnoses you are currently being treated for \_\_\_\_\_

\_\_\_\_\_

# Background Check Form

*Notice: The village selection committee will evaluate the criminal backgrounds of all applicants. If a background check does not match your answers on this form, your application to live in the Tiny Home Village will be denied. The only criminal offences that would automatically exclude access to the village are guilty verdicts on sex offence charges and being registered as a sex offender.*

PLEASE BE HONEST

Legal Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please list the State and County in which you have lived in the past three years.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
     State           County                      State           County

3. \_\_\_\_\_ 4. \_\_\_\_\_  
     State           County                      State           County

5. \_\_\_\_\_ 6. \_\_\_\_\_  
     State           County                      State           County

Have you ever been convicted of a criminal offence?  Yes  No

If yes: Please complete this table. (Use the back of this form if you need more space)

Charges	Date	City/Town	County and State



Are you currently on probation or parole?  Yes  No

If yes: until when? \_\_\_\_\_

What is your probation/parole officer's name? \_\_\_\_\_

telephone number? \_\_\_\_\_

Do you have any pending charges?  Yes  No

If yes, what are they? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

what is/are the status of the case(s)? \_\_\_\_\_

The information on this form is true and accurate to the best of my knowledge. I give my permission to verify all information provided.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

CONSENT TO RELEASE INFORMATION FROM/TO/BETWEEN

Tiny Home Village Project and *(your name)* \_\_\_\_\_

**Under the provision of The Health Insurance Portability and Accountability Act & The New Mexico Mental Health and Developmental Disabilities Code**

Pursuant to federal and New Mexico state statutes and regulations concerning my rights to confidentiality and access to my records, I authorize protected health information to be released:

FROM:

*(name and contact details of your case worker or the person who is referring you)*

TO:

The Resource Manager

Tiny Home Village Project

105 Texas St SE

Albuquerque NM 87108

The information to be released shall be limited to:

*Information important to the vetting of your application*

This information will be used for the following purpose:

*To evaluate your application*

Client statement:

*(Printed name and date of birth)* \_\_\_\_\_

I note that all above sections of this document have been completed. It represents what I want to be done. I understand that I have a right to examine and copy the information to be disclosed. I may revoke this consent and release of any additional information at any time.

\_\_\_\_\_  
Client signature                      Date

\_\_\_\_\_  
Additional signature                      Date

\_\_\_\_\_  
Witness                      Date

## Residency Criteria

While the Tiny Home Village Project does not discriminate against anyone on the grounds of sexual orientations, gender choice and/or presentation, religion, political persuasions, race, and/or ethnicity, the village is not designed and equipped to accommodate all needs. Villagers will be well-functioning without severe debilitating mental and/or health needs. The program also demands social interaction and village engagement as well as some financial and/or assistance provisions. Consequently, we include the following criteria for residency. Successful candidates will:

- Be currently unhoused
- Be 18 years and over; singles or part of a couple
- Be at least 10 days clean and/or sober. The village staff will conduct random toxicology screenings and everyone in recovery is required to participate on a regular basis in at least one recovery group
- Be willing and able to participate in community-building through general village participation, events, programming, village meetings, and dinners, etc. This does not mean that all villagers have to be extroverts, but all villagers need to feel comfortable in social and community settings.
- Be willing and able to participate in the maintenance and running of the village as part of each villager's hours of mandatory village service. If a villager is not employed outside of the village, ten hours per week are required. If a villager is employed outside of the village, the number of required hours is scaled down according to how many hours the villager is employed. Villagers are all required to do bathroom duty and maintain their own living unit. Villagers sign up for additional tasks to make up their required number of hours.
- Agree to work with the occupational therapy team on personal growth and self-care. This requirement is regardless of therapy, case management, and counselling a villager might engage in outside of the village. Besides general benefits, this is to ensure that the Tiny Home Village Project can assist each villager in attaining their particular goals and be aware of any obstacles a villager might face.
- Applicants do not have to be enrolled with case managers and/or recovery groups at the time of application but if they are, they can continue working with these support structures once they are accepted into the village if they want to
- Agree to abide by the community agreement
- Agree to apply for all assistance benefits available to them and to pay the \$30 utilities contribution by the 3<sup>rd</sup> of each month

## Residency Limitations

- No registered sex offenders or people who have been found guilty on a sex offense charge
- No illegal substance use permitted
- No guns or lethal weapons allowed
- Village occupancy capped at 40 with a maximum of 10 couples
- No under-age guests. No overnight guests. Guest security restrictions apply

## THV Resident Referral / Application Process

