**APPLICATION FOR CLEMENT HOUSE**

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| **Applicant** | | **Co-Applicant** | | |
|  | |  | | |
| Name: | | Name: | | |
| Male Female | | Male Female | | |
| Social Security : | | Social Security : | | |
| Date of Birth: | | Date of Birth: | | |
| US Citizen: Permanent Resident: | | US Citizen: Permanent Resident: | | |
| Married Single Separated/Divorced | | Married Single Separated/Divorced | | |
|  | |  | | |
| Home Phone #: | | | | |
| Cell Phone #: E-Mail Address: | | | | |
|  | | | | |
| Present Address:  Street: Apt.#:  City: Zip:  # of Years there: Own: Rent: | | | | |
| Previous Address:  Street: Apt. #:  City: Zip:  # of Years there: Own: Rent: | | | | |
|  | | | | |
| **Other Household Members:** | | | | |
|  | #1 | | #2 | #3 |
| Name |  | |  |  |
| Relationship |  | |  |  |
| Date of Birth |  | |  |  |
| Age |  | |  |  |
| Student (Yes or No) |  | |  |  |
| Employed (Yes or No) |  | |  |  |
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| **PRESENT HOUSING CONDITIONS:** | | | | |
| Check One: Rent Own Live with Relatives or Friends | | | | |
| Current Monthly Housing Payment: $ | | | | |
| What is the monthly cost for utilities? $ | | | | |
| Do You Live in Public Housing? Yes No | | | | |
| Is Your Rent subsidized: Yes No How much do you receive? $ | | | | |
| Do you receive Section 8 income: Yes No How much do you receive? $ | | | | |
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| If you rent your current residence, please provide the following: | | | | |
| Landlords Name: | | | | |
| Address: | | | | |
| Phone #: | | | | |

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| Do you anticipate a change in your family household size in the near future? Yes No |
| Do all persons who will live in Clement House currently live in the same residence?: Yes No |
| Does anyone live with you now that will not move into Clement House ? Yes No |
| If you answered yes to any of the above questions, please explain below: |
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| **EMPLOYMENT INFORMATION** |
| **Applicant:** |
| Name of Current Employer: |
| Address of Current Employer: |
| Position Held: |
| Full Time Part Time: # of Part Time hours per week: |
| Work Phone: |
| Monthly Gross Wages: $ |
| Date of Employment: Are you still employed: Yes No |
| If No, reason for termination: |
|  |
| Previous Employer Name: |
| Addess of Previous Employer: |
| Postion Held: |
| Date of Employment; |
| Date of Termination: |
| Reason for Termination: |
|  |
| **Co-Applicant:** |
| Name of Current Employer: |
| Address of Current Employer: |
| Position Held: |
| Full Time Part Time: # of Part Time hours per week: |
| Work Phone: |
| Monthly Gross Wages: $ |
|  |
| Date of Employment: Are you still employed: Yes No |
| If No, reason for termination: |
|  |
| Previous Employer Name: |
| Addess of Previous Employer: |
| Postion Held: |
| Date of Employment; |
| Date of Termination: |
| Reason for Termination: |
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| **MONTHLY INCOME** | | | |
| **Gross Monthly Income** | **Applicant** | **Co-Applicant** | **Other** |
|  |  |  |  |
| Primary Job | $ | $ | $ |
| Second Job |  |  |  |
| Pension |  |  |  |
| Social Security |  |  |  |
| Unemployment |  |  |  |
| SSI |  |  |  |
| Disability |  |  |  |
| Alimony/Spousal Support |  |  |  |
| Child Support |  |  |  |
| Food Stamps |  |  |  |
| Other Income |  |  |  |
|  |  |  |  |
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| **MONTHLY EXPENSES** | | | |
|  | **Applicant** | **Co-Applicant** | **Other** |
| Rent /Mortgage | $ | $ | $ |
| Alimony/Spousal Support |  |  |  |
| Child Support |  |  |  |
| Car Payments |  |  |  |
| Medical Insurance |  |  |  |
| Auto Insurance |  |  |  |
| Child Care |  |  |  |
| Utilities |  |  |  |
| Phone |  |  |  |
| Cable TV |  |  |  |
| Loan Payments |  |  |  |
| Other |  |  |  |
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| **DEBT** | | | | | | | |
| To whom do you owe money? Include all debt you owe. | | | | | | | |
| **Applicant** | | | | | | | |
| **Account** | | **Lender/Creditor Name** | **Total Due** | | | **Monthly Payment** | |
| Alimony | |  | $ | | | $ | |
| Child Support | |  |  | | |  | |
| Car Loan/Lease | |  |  | | |  | |
| Credit Card #1 | |  |  | | |  | |
| Credit Card #2 | |  |  | | |  | |
| Credit Card #3 | |  |  | | |  | |
| Credit Card #4 | |  |  | | |  | |
| Student Loan | |  |  | | |  | |
| Personal Loan | |  |  | | |  | |
| Medical Debt | |  |  | | |  | |
| Judgments | |  |  | | |  | |
| Other | |  |  | | |  | |
|  | |  |  | | |  | |
| **Co-Applicant** | | | | | | | |
| **Account** | | **Lender/Creditor Name** | **Total Due** | | | **Monthly Payment** | |
| Alimony | |  | $ | | | $ | |
| Child Support | |  |  | | |  | |
| Car Loan/Lease | |  |  | | |  | |
| Credit Card #1 | |  |  | | |  | |
| Credit Card #2 | |  |  | | |  | |
| Credit Card #3 | |  |  | | |  | |
| Credit Card #4 | |  |  | | |  | |
| Student Loan | |  |  | | |  | |
| Personal Loan | |  |  | | |  | |
| Medical Debt | |  |  | | |  | |
| Judgments | |  |  | | |  | |
| Other | |  |  | | |  | |
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| **ASSETS** | | | | | | | |
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| List all financial accounts (such as checking, savings, etc.) | | | | | | | |
| **Applicant** | | | | | | | |
| 1. Name of Bank: | | | | | | | |
| Type of Account: Checking Savings Other | | | | | | | |
|  | | | | | | | |
| 1. Name of Bank | | | | | | | |
| Type of Account: Checking Savings Other | | | | | | | |
|  | | | | | | | |
| 1. Name of Bank | | | | | | | |
| Type of Account: Checking Savings Other | | | | | | | |
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| **Co-Applicant** | | | | | | | |
| 1. Name of Bank: | | | | | | | |
| Type of Account: Checking Savings Other | | | | | | | |
|  | | | | | | | |
| 1. Name of Bank | | | | | | | |
| Type of Account: Checking Savings Other | | | | | | | |
|  | | | | | | | |
| 1. Name of Bank | | | | | | | |
| Type of Account: Checking Savings Other | | | | | | | |
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| **OTHER INFORMATION** | | | | | | | |
|  | | | | | **Applicant** | | **Co-Applicant** |
| Have you declared bankruptcy within the past 2 years? | | | | | Yes No | | Yes No |
| Do you have any debt because of a court order or judgment against you? | | | | | Yes No | | Yes No |
| Have you ever been convicted of a crime? | | | | | Yes No | | Yes No |
| Are you currently involved in a lawsuit? | | | | | Yes No | | Yes No |
| Are you paying alimony or child support? | | | | | Yes No | | Yes No |
| Do any members of the family have any disability or health issues? | | | | | Yes No | | |
| Are you paying alimony or child support? | | | | | Yes No | | Yes No |
| **If you answered yes to any of the above questions, please explain:** | | | | | | | |
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| Highest level of education: | **Appicant**  High School College Post Graduate | | | **Co-Applicant**  High School College Post Graduate | | | |
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| **Briefly explain below why you need to move into Clement House.** | | | | | | | |
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**AUTHORIZATION AND RELEASE**

I understand that by filing this application I am authorizing Clement House to evaluate my actual need for a temporary home, my ability to pay the expenses and my willingness to fully participate in the Clement House Program. I understand that the evaluation will include, but is not limited to, a full review of my financial situation, personal visits from Clement House representatives, employment and income verification, criminal background check and a credit check. I have answered all the questions on the application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected for Clement House I may be disqualified if my situation changes or any of the information I provided is false or misleading. I agree that Clement House may obtain verification of my employment; my income; my credit report, including my credit scores and my criminal background in connection with its review of this application.

**What this means for you**: When you apply, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

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Applicant Signature Date Co-Applicant Signature Date

**Please note: All requested information must be provided in order for your application to be considered complete. If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. (Please indicate whether additional information applies to applicant or co-applicant) Please be aware that incomplete applications or false statements may disqualify you from further consideration.**

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**For Clement House Use Only**

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_