



**RESIDENTIAL HOUSING APPLICATION**  
 Print and Fax all 3 pages to (775) 348-0573  
 or Scan and Email: [hosannahome@att.net](mailto:hosannahome@att.net)



Legal Name	Date of Birth	Age	Today's Date
Social Security Number	Driver's License/ ID#	Contact #	
Birthplace	How long in Reno area	For what reason did you move to the area	
Father's Name	Address & Phone #	When was the last time you contacted him?	
Mother's Name	Address & Phone #	When was the last time you contacted her?	
Permanent Mailing Address	Who to contact in Emergency	Relationship and Phone Number	
Vehicle Make, Model and Color	State Registered	Insurance Co	Primary Doctor Insurance?

**List your past two addresses with #1 being the most recent**

Address	From Month/Year	To Month/Year	Reason for Leaving

**Who lived with you at these addresses aside from your children?**

Name	Relationship to you

**Children**

Name	Date of Birth	Legal Guardian	Who supports them?

**Marital and Relationship Status**

Single Y / N	Married & Living w/Spouse Y / N	Separated Y / N	Divorced Y / N	# of prior marriages
Spouse's Name		Address		Phone
Spouse's Employer		Address		Phone
Current Boyfriend/Girlfriend's Name		Address		Phone

**Applicant's Education and Military Status**

High School Name _____	GED? Y / N    Date: _____	Do you have any college or trade school?	
Highest Grade Completed _____	Diploma Y / N		
Have you served in the Military Y / N	Dates: _____	Branch	Discharge Reason

### Employment History

Employer and Address	Type of Work	From Mo/Yr	To Mo/Yr	Reason for Leaving
Gross Income this Year \$	Gross Income last year \$	Highest hourly wage \$	Lowest \$	

### Criminal History

*List all criminal arrests, convictions and sentences (a criminal check may be done, list all interactions)*

Arrest Date	Charge	Convicted Y/N	Sentence Length

Please list any outstanding warrants

### Assistance and Financial Resources and Obligations

Children's Cabinet Y / N	Start Date	End Date	Amount
HUD or Section 8 Y / N	Start Date	End Date	Amount
Food Stamps Y / N	Start Date	End Date	Amount
Disability Y / N	Start Date	End Date	Amount
Child Support Y / N	Start Date	Through DA?	Amount
TANF Y / N	Start Date	Currently Receiving	Amount

List any other benefits or assistance:

List any expenses that you are responsible for and the amount:

### Substance History

*(Use doesn't negate admission to the program, but we do need to assess readiness and safety.*

*You could be tested for substances, so please answer accurately and honestly.*

Have you ever used Alcohol? Y / N	When was last time?	How much?	How often per week?
Have you ever used Marijuana Y / N	When was last time?	How much?	How often per week?
Have you ever used Meth? Y / N	When was last time?	How much?	How often per week?
Have you ever used Heroin? Y / N	When was last time?	How much?	How often per week?
Prescription Narcotics? Y / N	When was last time?	How much?	How often per week?
What other substances?	When was last time?	How much?	How often per week?
Have you been in a 12 step program? Y / N	When?	Did you complete it? Y / N	Did you relapse? Y / N
If you were drug tested today, what would come on your test?			

### Health

Please list all medical conditions

Please list all allergies

Please list all surgeries with dates

Please list all medications currently using

### Religious Background

Are you currently attending a church Y / N      Have you attended in the past Y / N      Which church?

Please describe your experience and attitude as a youth and now with church:

**Tell us about yourself**

What do you hope to learn from this program?
How do you define success?
What do you think you do well?
What are your goals?
What do you think are barriers to you achieving your goals?
What do you think you need to learn?
Are you willing to develop new habits to help you be successful?
When was the last time you were in a stable living situation?
Who were you living with?
How were you making money?
What state and city were you living in?
Is there anything that you would like us to know about you?

**Applicant confirms that all of the above information is true and complete and authorizes Hosanna Home and its affiliates to verify the information and references. Any false information given may be grounds to terminate any housing agreement entered into. Applicant also understands that Hosanna Home and Leah’s House are Christ-centered and the housing being applied for is an alcohol and drug free home. Any such use will result in immediate termination of housing.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_