



Application for Residency Parker's Promise Independent Living Housing

This application helps us better understand your needs and determine eligibility for our program. All information shared will be kept secure and used only by Parker's Promise.

Name *

Address *

Date of Birth *

Phone *

Email

Emergency Contact

Case Manager (Yes / No) – Phone & Email

Current Living Situation

Disabilities or Special Needs (Yes / No – Explain)

Mental Health Conditions (Yes / No – Explain)

Health Conditions (Yes / No – Explain)

Substance Use History (Yes / No – Last Use & Substance)

Sex Offender History (Yes / No – Explain)

Probation or Parole (Yes / No)

Monthly Income Sources & Amounts

Cal-Fresh / Food Stamps (Yes / No)

Health Insurance (Yes / No)

Desired Move-In Date
