

## Resident Application

**First Name \***

---

**Last Name \***

---

**Gender \***

☐ Female

☐ Male

**Which best describes you? \***

☐ Veteran

☐ Elderly

☐ Adult needing affordable housing during a rough time

☐ Other

**Email \***

---

**Phone number \***

---

**Income Source \***

---

**Monthly Income \***

---

**Rooming Arrangement \***

☐ Shared Room

☐ Private Room

**Do you have a mental health diagnosis? \***

☐ Yes

☐ No

**If yes, list diagnosed mental conditions \***

## Resident Application

---

---

---

**Do you take medication? \***

☐ Yes

☐ No

**Do you require assistance with activities of daily living? \***

☐ Yes

☐ No

*We do not provide medical care or assistance with activities of daily living. All residents must be functionally independent.*

**Do you require assistance with any of the following? \***

☐ Job Placement

☐ Applying for SNAP benefits

☐ Applying for SSI/SSD

☐ Applying for VA benefits

☐ Clothing donation

☐ Medication pick up and reminders (no administration)

☐ Health insurance enrollment

☐ No

**How soon are you looking to move? \***

---