

YouthHope Housing Program

Youth Application

Name:	DOB	M F						
Address:	City	Zip						
Hame Phane: ()								
Cell Phone: ()								
Social Security Number:								
Email:	_							
Driver's License Number or CA ID Number:								
IF YOU ARE A FORMER FOSTER YOUTH								
Date of Emancipation:								
Last Social Worker's Name and Phone Number: Which County manages your case?								
Name and phone number of Emancipation Coach/ II	LP Worker:							
Do you have a car? Yes No								
lf yes: Auto Make/Model	Year	Payments						
List all sources of income, and income per month fo	rom each							
Employer	Amount	per month						

upervisors name
ource of additional income
Amountper month
otal monthly gross income:
ist all credit card debt
/hat is your Highest Level of Education
ircle applicable completed: H.S. Graduation, GED, or HiSet
Date Completed
ave you applied Federal Financial Aid: Yes No
hat college or vocational school are you planning on attending?
/hat major are you considering?
ave you ever been arrested?
yes:
/hy?
id you serve jail time? Y N
o you have any felonies? Y N
If yes, for what?
o you have a drug history? (This may not prevent you from being accepted) Yes No
yes, which drugs:
yes to drug use, have you participated in a rehabilitation program? Y N
/hen was the last time you used?

Have you ever been hospitalized or diagnosed with mental health issues?	Y	N
If yes, please give the dates and explain.		

Please include the following with your application:

- 1. Autobiography: your story, information about your childhood and family
- 2. Your current living arrangement
- 3. Your current status in school
- 4. Your present job if applicable
- 5. Your career goals and educational plans
- 6. Why you want to be part of our housing, scholarship program...

Bring to your interview:

- 1. A copy of your high school, GED, or HiSet
- 2. Two letters of reference from teachers, counselors, social workers, or employers

I certify that all of the above information and the attached autobiography are true and accurate to the best of my knowledge. I give permission to YouthHope to verify any of the above stated information.

Signature _.	 	 	
Date			

Heidi Mayer (909) 793-2345 At YouthHope P.O. Box 7803 Redlands, CA 92375 www.youthhope.org