



Internal Use Only	
<input type="radio"/>	Under review _____
<input type="radio"/>	Pending _____
<input type="radio"/>	Approved _____
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Independent Housing Program Pre- Application

TELL US ABOUT THE PERSON APPLYING

Name (First, middle, last, Jr., Sr., 1 st ., etc.)		
Date of Birth (MM/DD/YYYY)	Social Security number:	
Email address, If any	May we contact you via SMS? Yes No	Primary Language (Select one) English Spanish Other
Phone number 1. _____ 2. _____		
Emergency Contact: Name: _____ Phone# _____	Marital Status (Select one) Single Married Divorced Widowed Separated	How did you hear about this Program?
Do you have a Case manager or social worker? Yes, Name: _____ Phone # _____ No		Gender Male Female
Current physical address: Street address or PO box, city, state, Zip	Mailing Address: (if different from physical address)	
Race: Check one American Indian/Alaska Native Asian Black/African American White Native Hawaiian/ other pacific islander Other _____	Ethnicity: Select one Hispanic/Latino Non-Hispanic/Latino	Highest level of Education? _____
	Are you a US Citizen? Yes No	Disabled? Yes No
Location and Name of Employer: City, State, Zip	Employment Status Full time Part time Unemployed Retired	Employment start date: _____ Position _____

Source of income: (Social security, Pension, Disability, Veterans pension, etc.) _____	Monthly employment income: \$ _____	Other income: Per month _____
<p>What is your current living situation? (Select one, and explain)</p> <p>Living in a permanent residence _____</p> <p>Living in a Temporary residence _____</p> <p>Living in a shelter or hotel/motel _____</p> <p>Living in a place that is not normally used for housing _____</p>		
<p><u>Veteran Status</u></p> <p>Have you ever served on active duty in the U.S. Armed Forces Reserves, or national Guard excluding periods for which they have not been dishonorably discharged?</p> <p>Yes, Veterans# _____</p> <p>No</p>		
<p><u>Medical History</u></p> <p>This information is important for ensuring the safety and well-being of the residents while allowing for proactive health management. Independent living typically requires residents to manage their own care, but the community still needs information to assist in emergencies and provide resources. Your information is strictly confidential.</p> <p><u>Personal Medical History</u></p> <p>Does any of the following condition(s) applies to you?</p> <p>Anxiety/Depression</p> <p>Arthritis</p> <p>Diabetes (high blood sugar)</p> <p>Hearing or Vision impairment</p> <p>Seizures</p> <p>High blood pressure</p> <p>Other _____</p>		
<p>Do you use or do you have history of smoking or tobacco?</p> <p>Yes, explain _____</p> <p>No</p> <p>Do you consume Alcohol?</p> <p>Yes, Frequency (daily, occasionally, monthly) _____</p> <p>No</p> <p>Do you have a Criminal History?</p> <p>Yes, explain _____</p> <p>No</p>	<p>Do you use or do you have history of using illegal drugs, misuse of prescription drugs?</p> <p>Yes, explain _____</p> <p>No</p> <p>Do you currently have a mental health/behavioral health diagnosis?</p> <p>Yes, what is it? _____</p> <p>No</p> <p>Do you have any allergies?</p> <p>_____</p>	

I am prepared to submit all the required documents below:

Government issued ID such as Driver's License, State ID or Passport

Proof of income/income verification

Employment verification

Current mental health evaluation if applicable

Current medical history assessment in the last year if applicable

Unsigned application will not be accepted

By signing below, I certify that: This information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

I certify that the information provided is accurate, complete and that I am at least 18 years of age.

Print name: _____

Date: _____

Signature: _____