**Building Life Opportunities and Options for Mothers – BLOOM**

**Application for Housing**

*Our mission is to provide a pathway for homeownership to pregnant and postpartum mothers experiencing homelessness through a floral social enterprise model.*

**Applicant Information**

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_  
**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Emergency Contact Name & Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Household Information**

**Are you currently pregnant?** ( ) Yes ( ) No  
If yes, expected due date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_

**Are you postpartum within the last year?** ( ) Yes ( ) No  
If yes, child’s date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_

**Number of Children in Your Care: \_\_\_\_\_\_**

Names of Child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Names of Child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

**Medical & Support Information**

**Do you have any medical conditions or history we should be aware of?** ( ) Yes ( ) No  
If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you take any medications?** ( ) Yes ( ) No  
If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any allergies?** ( ) Yes ( ) No  
If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently under the care of an OB/GYN or midwife?** ( ) Yes ( ) No  
If yes, provider’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a Doula?** ( ) Yes ( ) No  
If yes, provider’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Housing & Financial Information**

**Are you currently employed?** ( ) Yes ( ) No  
If yes, employer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Hours per week: \_\_\_\_\_\_  
Hourly wage: $\_\_\_\_\_\_\_\_\_

**Do you have a bank account?** ( ) Yes ( ) No  
**Do you have a savings account?** ( ) Yes ( ) No

**Do you receive any type of government assistance?** ( ) Yes ( ) No  
If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you receive SSI/SSDI?** ( ) Yes ( ) No

**Do you have a disability?** ( ) Yes ( ) No  
If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Housing Situation:** (Check all that apply) ( ) Staying with family/friends  
( ) Homeless/shelter  
( ) Renting  
( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What challenges have you faced in securing stable housing?**

**Legal History**

**Have you ever been convicted of a crime?** ( ) Yes ( ) No  
If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any pending criminal charges?** ( ) Yes ( ) No  
If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you required to register as a sex offender?** ( ) Yes ( ) No

**Do you consent to a background check?** ( ) Yes ( ) No

**Have you experienced a domestic violence situation?** ( ) Yes ( ) No  
If yes, would you like to share any information regarding your current safety or any support needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently fleeing a domestic violence situation?** ( ) Yes ( ) No  
If yes, do you require any immediate assistance or resources? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you currently have or are you subject to any restraining orders?** ( ) Yes ( ) No  
If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Commitment**

This program requires participation in floral skill development and working on a floral farm as part of the transition to homeownership.

**Are you willing to learn floral skills and participate in farm work?** ( ) Yes ( ) No

**Do you have any physical limitations that may impact your ability to work on a farm?** ( ) Yes ( ) No  
If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your long-term housing and financial goals?**

**Personal Statement**

Please provide a brief statement about why you are interested in this program and how it will benefit you and your child(ren):

**Media Release**

I give permission for photographs, videos, and other media taken during my participation in the Transitional Housing Program to be used for promotional, educational, and outreach purposes.

( ) Yes, I consent.  
( ) No, I do not consent.

**Agreement & Signature**

I certify that my answers are true and complete to the best of my knowledge. I understand that providing false information may result in disqualification from the program. By signing below, I agree to fully participate in all aspects of BLOOM to the best of my ability, including floral skill development and farm work.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_

Thank you for applying! We will review your application and contact you with the next steps.