



# New Beginnings Transitional Independent Housing Program Application Form

To be completed by all interested applicants, completion does not guarantee a spot in the program

Date: \_\_\_\_\_ How did you hear about the program: \_\_\_\_\_

Facilitator: \_\_\_\_\_ Current Support Hours: \_\_\_\_\_

## Primary Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

\_\_\_\_\_ Email address: \_\_\_\_\_

Spiritual and/or Cultural Considerations: \_\_\_\_\_

Preferred Language(s): \_\_\_\_\_

Income Sources: \_\_\_\_\_

(ie- PWD, employment, trust fund)

Preferred area of town: \_\_\_\_\_

Do you have any medical conditions that would pose a risk to you living alone (ex- epilepsy, suicidal ideation, other health risks)? \_\_\_\_\_

\_\_\_\_\_

Do you:

- Smoke Cigarettes
- Use Cannabis
- Drink alcohol
- Other substances

Do you have history of:

- Aggression
- Fire Setting
- Criminal Charges

Comments: \_\_\_\_\_

\_\_\_\_\_

## History

### Housing History (Last 2 years):

Address: _____	Length of Tenancy _____
_____	Reason for Vacating: _____
Address: _____	Length of Tenancy _____
_____	Reason for Vacating: _____
Address: _____	Length of Tenancy _____
_____	Reason for Vacating: _____

### Employment/Education History

Name of Employer/School: _____	Dates: _____
Name of Employer/School: _____	Dates: _____

## Supports Required

Please rate your current skill level in the following areas, being sure to add comments (required).

1- Requires No Support	2- Requires a Little Support	3- Requires Moderate Support
4- Often Requires Support	5- Always Requires Support	

Support Area:	#	Comments
Budgeting		
Grocery Shopping		
Cooking		
Cleaning		
Laundry		
Personal Hygiene		
Public Transportation		

## References

Please provide 2 references, with at least one being a professional support:

### Reference 1:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long they have known you: \_\_\_\_\_

### Reference 2:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long they have known you: \_\_\_\_\_

I \_\_\_\_\_ give Community Roots Support Services permission to speak with the  
Applicant's Name  
references as listed above to discuss this application and my suitability for independent housing.

Signature: \_\_\_\_\_

## Closing Notes

Other Preferences/considerations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Status: \_\_\_\_\_ Recommended Support Hours: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_