



SHARED HOUSING CENTER, INC.

TRANSITIONAL, INTERGENERATIONAL GROUP RESIDENCE APPLICATION page 1

Date: _____ Name: _____

PERSONAL/FAMILY INFORMATION

Phone (Home): _____ Phone (Work): _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: _____

Social Security #: _____ Ethnicity/Race: _____ Sex: Male Female

Marital Status: _____ How did you hear about our services? _____

Have you been homeless before? Yes No If so, what services/ shelter did you seek:

Number of children/dependants: _____

Name	Date of Birth	Social Security	Relationship

Do you have other children who do not live with you? Yes No If yes, please list:

Name	Date of Birth	With whom do they live?	Do they visit you? When? How often?

EDUCATION PROFILE

Education completed: Did not finish school GED High School Some College 2 year degree

Higher (specify): _____ Vocational/Certification: _____

Specify favorite subjects/studies: _____



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EMPLOYMENT HISTORY

Have you ever worked? Yes No Current employment: Full-time Part-time Not working

If working, where do you presently work? _____

If not working, what was the reason for leaving? _____

Type of work/occupation: _____

How many years have you worked? _____ How many jobs in the past year? _____

INCOME STATUS

Do you receive child support? Yes No If so, how much? _____

Do you receive welfare support? Yes No If so, how much? _____

Do you receive any type of government support? Yes No Please specify: _____

If you work, how much do you earn? _____ per: week month year

TRANSPORTATION

Do you drive? Yes No Drivers License #: _____

Do you have a car? Yes No Do you need a bus line? Yes No

Do you have other transportation available? _____

HEALTH

Condition of your health: Good Fair Poor

Do you have a physical or mental health condition we should know about? Yes No

Please specify: _____

Condition of your child(ren)'s health: Good Fair Poor

Does your child/children have a physical or mental health condition we should know about? Yes No

Please specify: _____



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INTERESTS/ HOBBIES INFORMATION

What are your special talents, interests and hobbies? _____

What chores are you able to perform well?

Housekeeping Driving Cooking Yardwork Laundry Other: _____

What chores are you **unable** to perform?

Housekeeping Driving Cooking Yardwork Laundry Other: _____

Please use this space to provide us with any additional information you feel would be important in

consideration of your application: _____

EMERGENCY INFORMATION & REFERENCES

In case of an emergency, contact: Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

In case of an emergency, contact: Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Reference #1 Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Reference #2 Name: _____

Address: _____

Home Phone: _____ Work Phone: _____