



Transitional, Intergenerational Group Residence Application

PERSONAL/FAMILY INFORMATION

Name _____ Date _____

Date of Birth ____/____/____ SS # _____ Gender ____

Texas ID# _____ Primary Language: _____

Marital Status: Single Divorced Common Law Living Together Married & living with Spouse Married & not living with Spouse Separated Widowed

Race: Multi-Racial American Indian Asian Black or African American White Other _____

Are you a US citizen? Yes _____ No _____ Are you Hispanic or Latino? Yes ____ No ____

Address: _____

City, State, Zip Code: _____

Phone-home () _____ Phone-work () _____

Phone-cell () _____ Email Address: _____

How did you hear about Shared Housing? _____

Number of children/dependents: _____

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?



Transitional, Intergenerational Group Residence Application

Background Information

Military Status: Active Inactive N/A

If Active/Inactive Military status: What was the duration of your active duty? _____

Branch of Service: _____ Discharge Status: _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, Please explain: _____

Are you a victim of domestic violence? Yes ___ No ___ How recently? _____

Are you homeless? Yes ___ No ___

Where did you sleep last night? Zip Code of Prior Residence: _____

Outdoors (<i>location</i>) _____	With Family With Friend
Emergency Shelter (<i>name</i>) _____	Motel (<i>location</i>) _____
Transitional Housing (<i>name</i>) _____	Drug/Alcohol Treatment (<i>name</i>) _____
Permanent Supportive (<i>name</i>) _____	Other (<i>describe</i>) _____

Length of Stay at Prior Residence: 1 week or less more than a week, but less than 1 month 1 to 3 months
more than 3 months, but less than 1 year 1 year or longer

Have you been homeless 4 or more times in the past 3 years? Yes ___ No ___ If Yes, how often? _____ times

Did you become homeless for the first time in the past 12 months? Yes ___ No ___

If you have been homeless for less than one year, indicate the amount of time you have been homeless below:

Less than 1 month to 2 months 3 to 5 months 6 to 8 months 9 to 11 months

Have you been homeless for 1 year or longer? Yes No

Please choose between one and three factors that best explain why you are homeless.

Unemployed, Lost Job Medical Disability Substance Abuse/Dependence Domestic Abuse
Mental Illness Family Problems Legal Problems/ Prior Conviction Sex Offender
Eviction Not Enough Money Natural Disaster Other: _____

EDUCATION PROFILE

Are you currently in school? Yes ___ No ___

Did not finish school GED High School Diploma Some College 2 year degree

Higher (specify) _____ Vocational/Certification _____

Specify favorite subjects/studies:

EMPLOYMENT HISTORY



Transitional, Intergenerational Group Residence Application

Have you ever worked? ____ Yes ____ No

Current employment status (circle one): Working full-time Working part-time Not working

Occupation _____ Employer _____

What is your monthly wages/salary? _____

Is your job: Temporary _____ Seasonal _____ Permanent _____

Hours worked Last Week _____

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

Type of work/occupation: _____

How many years have you worked? _____

How many times have you changed jobs in the past year? _____

INCOME STATUS

SOURCE OF INCOME & MONTHLY AMOUNTS			
Employment _____	Unemployment Benefits _____	Social Security _____	
Child Support _____	Food Stamps _____	Veterans Benefits _____	SSI _____
SSDI _____	AFDC/TANF _____	Medicaid _____	Medicare _____
Other (please specify) _____			

TRANSPORTATION

Do you drive? Yes ____ No ____ Drivers License # _____

Do you have a car? Yes ____ No ____ Need a bus line? Yes ____ No ____

Do you have other transportation available? _____

HEALTH

What is your general health? Excellent Very Good Fair Poor

Do you have Health Insurance? Yes ____ No ____ Do you have Chronic Illness? Yes ____ No ____

Doctor/Clinic _____ Phone/Fax _____

Address _____

What medications (prescribed or over the counter) do you take? _____



Transitional, Intergenerational Group Residence Application

Reasons for taking medications? _____

Are you pregnant? Yes ___ No ___ If Yes How many months? _____

Do YOU have a history of the following? (Check all that apply)		
Mental illness	Alcohol abuse	Sexually transmitted diseases
Drug abuse	Developmental disabilities	Physical disabilities

Do your family members have a history of the following? (Check all that apply)		
Mental illness	Alcohol abuse	Sexually transmitted diseases
Drug abuse	Developmental disabilities	Physical disabilities

What is child(ren) general health? Excellent Very Good Fair Poor

Do you have Health Insurance? Yes ___ No ___ Do you have Chronic Illness? Yes ___ No ___

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

Please specify: _____

INTERESTS/HOBBIES INFORMATION

What are your special talents, interests and hobbies? _____

What chores are you able to perform well?

Housekeeping ___ Driving ___ Cooking ___ Laundry ___ Yardwork ___ Other ___

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

Housekeeping ___ Driving ___ Cooking ___ Laundry ___ Yardwork ___ Other ___

Please use this space to provide us with any additional information you feel will be important in consideration of your application:

EMERGENCY INFORMATION

In case of an emergency, contact:

Name: _____



Transitional, Intergenerational Group Residence Application

Address: _____

Telephone(s): _____

Name: _____

Address: _____

Telephone(s): _____

REFERENCES

1. Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

2. Name: _____

Address: _____

Home Telephone: _____

Work Telephone: _____