

New Client Application for Transitional Housing

FY 2008-2009

Please fill out every box. An incomplete application will not be accepted.

Last name, first name, middle initial	Phone Cell: Other:	Date of Birth	Gender M / F
Currently Residing at (address or contact)	City and Zip code	Name of contact person	Contact phone number
Have you resided in Davis or Morgan County in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what ties do you have to Davis or Morgan County?		Highest grade level completed	

Marital Status Single /Married /Divorced /Separated	Number in Family <input type="checkbox"/> Self <input type="checkbox"/> Spouse ___Girls ___ Boys	Spouse information Name: _____ Age:___ Gender: M/F How long were you together? _____																						
Please list any forms of income you receive for all members of the household. If you do not receive an income, please write \$0.	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe your employment situation including your employer and hourly wage if you are employed. If you are not employed, why not?																							
<table style="width: 100%; border: none;"> <tr><td>Employment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>SSI/SSD</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Alimony</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Cash Assistance</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Child Support</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Pension</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Food Stamps</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Social Security</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Unemployment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Other</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Total Monthly Income</td><td style="text-align: right;">\$ _____</td></tr> </table> <p style="font-size: small; margin-top: 10px;">Income must be verified prior to acceptance—to qualify for the program, you must meet up to 125% of the Federal Poverty Guideline.</p>	Employment	\$ _____	SSI/SSD	\$ _____	Alimony	\$ _____	Cash Assistance	\$ _____	Child Support	\$ _____	Pension	\$ _____	Food Stamps	\$ _____	Social Security	\$ _____	Unemployment	\$ _____	Other	\$ _____	Total Monthly Income	\$ _____	Are you currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe your school situation. If you are not already in school, what program(s) are you interested in pursuing?	
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Check any of the following that apply to you:

Live in a shelter

Live in a vehicle or another place not meant for habitation

Within 7 days of eviction by landlord/family/friend

Have one or more children and have moved 3 or more times in the past year

Other (please explain):

Have you ever been evicted? Yes No

If so, please explain the situation:

Please list addresses for the last three years (please attach a paper to the application if more space is needed):

Street Address	City	State	How long?	Reason for leaving?

Children living with you (please attach a paper to the application if more space is needed):

Last name, first name, middle initial	Date of Birth	Do you have legal custody of this child?	Social Security Number	Last grade completed
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment History

Employer Name	Position	Wage	City	State	Reason for leaving

Have you had any criminal involvement during the past 5 years? Yes No

If so, please list them here and attach a statement for each arrest describing the situation and what you have done to resolve it.

Victim History

Arrest Type	Place	Date	Nature of abuse	Victim (self/child/spouse)	Date

Please describe your current situation in detail, including how you became homeless and your future plans (please attach a paper to the application if more space is needed):

What would have to happen for you to support yourself in the future without public assistance?

Who referred you to us?

Statement of Understanding

I wish to apply for the Transitional Housing Program, a program which combines both subsidized rent assistance and 12 months of life skills development. My goal is to transition into permanent housing. I also understand that if available I can and should remain on Section 8, including the waiting list, while participating in the Transitional Housing Program. I understand that an incomplete application will not be accepted. I also understand that submitting an application does not guarantee me a spot on the program.

I certify that the information provided on this application is true and accurate.

Printed Name _____ Signature _____ Date _____

Return this form to: Family Connection Center 1360 E 1450 S, Clearfield UT 84067 (801)773-0712 FAX: (801)774-8264