**House of Restoration Community Solutions, LLC**

Return application to: thawkins@horcommunitysolutions.org

Phone: (937) 265-0028

Transitional Housing Application

**Please indicate the date you require housing.**

\_\_\_ Immediately \_\_\_Other date: \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_\_\_

If you checked “immediately”, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you checked "other date", please list the date you would like to move in: \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_\_\_

Please explain why this date is in the future:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPLICANT: CONTACT INFORMATION**

Print Name (Last, First, Middle)

Date of Birth (mm/dd/year)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Present Address (If homeless, skip section)

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

☐Check here if you are in a treatment or correctional facility and list address above.

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Residence ☐Work ☐Message

Have you ever used any aliases or other names? If so, please indicate below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Status (check all that apply): ☐Married ☐Never Married ☐Divorced ☐ Separated

☐Widow/er ☐Homeless ☐Veteran ☐Homeless Veteran

**Emergency Contact**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Phone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital of Choice

**Personal Information:**

Are you an alcoholic? ☐YES ☐NO What was the date of your last drink? \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_\_\_

Are you a drug addict? ☐YES ☐NO What was the date of your last drug use? \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_\_\_

Are you currently drinking alcohol and/or using addictive drugs? ☐YES ☐NO

Drug of choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your sobriety date? \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_\_\_

**Financial:**

What is your source of income? Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? ☐YES ☐NO

If you answered “YES” to the above question, please answer these questions:

Check how many hours per week you are employed: ☐35 to 40 ☐30 to 35 ☐20 to 30 ☐Other\_\_\_\_\_\_\_\_

What do you expect your monthly incometo be next month? $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant: Additional Information**

1) Are you on probation? ☐YES ☐NO **If yes**, whom do you report to (name & phone number)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Are you on parole? ☐YES ☐NO **If yes**, whom do you report to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Are you court‐ordered TX? ☐YES ☐NO

4) Are you involved in drug court? ☐YES ☐NO

5) Are you involved in mental health court? ☐YES ☐NO

6) Have you been convicted of any crime? ☐YES ☐ NO **If yes**, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7) Have you been convicted of drug manufacturing or distribution? ☐YES ☐NO

8) Are you a convicted sex offender? ☐YES ☐NO

9) Have you ever been convicted of Arson? ☐YES ☐NO

**APPLICANT CERTIFICATION**

1) By signing below, I understand and agree to the following expectations if accepted for residency into House of Restoration Community Solutions, LLC, Transitional housing: \_\_\_\_\_\_\_\_\_\_ (initial)

2) I agree to always remain clean and sober and have read House Rules. \_\_\_\_\_\_\_\_\_\_ (initial)

3) I agree to pay my rent and/or utilities. I understand that if I fail to pay my rent and/or utilities, I will be expelled from housing. \_\_\_\_\_\_\_\_\_\_ (initial)

4) I agree to always keep the house free form alcohol and illegal drugs. \_\_\_\_\_\_\_\_\_\_ (initial)

5) I agree to enter an Individual Self-Sufficiency Contract and abide by the terms of the contract. \_\_\_\_\_\_\_\_\_\_ (initial)

I certify that all the information I have provided is true and correct. I have read all the material on this application form, including the agreement terms above. I answered each question honestly and want to achieve self-sufficiency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director Date**