



Transitional Housing Program Application

EXODUS HOUSING
PO Box 1006
Sumner, WA 98390
253-862-6808
FAX: 253- 826-2169
www.exodushousing.org

TO: Prospective Applicant
FROM: Exodus Housing Transitional Housing Programs
RE: Application to the Exodus Housing Transitional Housing Program

The mission of the program is to encourage independence, empowerment, and self-sufficiency for homeless families impacted by domestic violence through transitional housing, individualized support services, and community awareness in Pierce and South King Counties. Housing is linked with case management services in the families' transition from homelessness to permanent housing. Exodus Housing serves to empower by providing the tools and resources to achieve stable housing, economic independence, and self-sufficiency. Applications are reviewed and screened to determine which program best fits each applicant.

You will ONLY be contacted for a housing interview, if you meet the eligibility requirements, have sent the necessary documentation and there is a program opening that matches your family needs. We keep applications on file for 60 days and then the applications are shredded. You may apply again.

Applicants who wish to apply must meet the following eligibility requirements:

- Parent must be 18 or older with (1-4) minor children under age 18 and children must be in the parent's custody or single pregnant woman
- Family must have been impacted by domestic violence and/or homeless due to domestic violence
- Must be homeless as defined by HUD
- Substance Abuse free at least 12 months prior to program entry (except HGAP)
- Committed to:
 - Making positive changes in life
 - Maintaining a substance abuse-free lifestyle
 - Developing and working toward employment and self-sufficiency goals

STOP! DO NOT APPLY if you answer **NO** to any of these

- Must be a homeless family impacted by domestic violence and/or homeless due to domestic violence
- Must be a family with minor children under age 18 and children must be in your custody
- Must not be in need of *confidential domestic violence services*
- Must not have a recent history of chemical dependency for 12 months
- Must not have a recent felony in the past 3 years

Exodus Housing abides by the income limits and adjustments set forth in the HUD guidelines for each respective county. As openings are available, applications are reviewed and interviews scheduled with families. Once a family is selected for that opening, the other families will be notified by phone of the interview decision. Applications are kept on file for 60 days and you may apply again.

Documentation that you will need at interview:

1. Picture ID (such as Driver's License)
2. Social Security Cards for parent(s) and all children
3. Birth Certificates for parent(s) and all children
4. Income Verification:
 - a. DSHS Verification
 - b. Child Support Statement
 - c. A month of pay stubs, if employed
5. Homeless Statement – 3rd party verification from case worker/advocate, shelter verification letter, etc.
6. Verification of Pregnancy if no other children in family

**Please complete and return by mail or fax:
Exodus Housing, P.O. Box 1006, Sumner, WA 98390
Phone: 253-862-6808 | Fax 253-826-2169**

Transitional housing program application

Please complete application in full with complete and candid answers to the following questions. All information shared on this form will be kept confidential.

Exodus Housing subscribes to a policy of equal opportunity. Applicants will not be discriminated against on the basis of age, race, religion/creed, national origin, ancestry, sex, physical or mental disability, marital status or sexual orientation/gender identity. If you need application materials or interview services that require alternate formats or require a sign language interpreter or other services, please contact Exodus Housing at 253-862-6808.

Name: _____
Last First Middle Initial

Phone number(s) where it is safe to contact you: _____

The phone is the only way we are able to contact you. If your phone number becomes disconnected please contact ASAP with another number.

Family Composition – list all members of your family beginning with yourself

Name	Sex	Date of Birth	Age	Ethnicity/Race

Pregnant Yes No **Due Date:** _____

Which children will not be residing with you in transitional housing?

Citizenship Status: U.S. citizen Documented Immigrant Undocumented

Do you have a driver’s license? Yes No Mode of transportation? Bus Vehicle

What has contributed to your family being homeless and needing transitional housing? (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Loss of Housing—legal eviction | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Job Loss, lack of income |
| <input type="checkbox"/> Loss of Housing—not eviction (fire, substandard housing, choose to move) | <input type="checkbox"/> Mental or Physical Disability access needs | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Divorce, family breakup | <input type="checkbox"/> Criminal Background | <input type="checkbox"/> Other _____ |

Where are you currently staying?

- | | | |
|--|---|---|
| <input type="checkbox"/> In an emergency shelter: If so, which shelter _____ | <input type="checkbox"/> With friends or family | <input type="checkbox"/> In a hotel/motel |
| <input type="checkbox"/> In car, streets, abandoned building | <input type="checkbox"/> In a hospital or other institution | <input type="checkbox"/> Other _____ |

Reason for Current Homelessness: _____

Date of Homelessness: _____

Finances, Employment and Education

Income Information:

Source	Monthly Amount	Source	Monthly Amount
Job	\$	TANF	\$
Social Security	\$	Food Stamps	\$
SSI	\$	Child Support	\$
Unemployment	\$	Other	\$
Veterans Benefits	\$	No Resources	\$

Do you have any outstanding debts or bills in collection? YES NO

If yes, please explain _____

Have you ever been evicted? YES NO If so, when? _____

Have you applied for any subsidized housing or other transitional housing? YES NO

If so, when and where? _____

Employment History

Employer Name	Position	Dates you worked there	Why did you leave?
		to	
		to	
		to	

Are you currently employed? Yes No

Are you currently enrolled in school? Yes No Where: _____

Education: What is the highest grade level you reached in school?

7 8 9 10 11 12 H.S. diploma ____ GED ____ Trade School ____ Community College ____ 4 year College ____

How long attended: _____ Degree(s): _____

Have you participated in any job-training programs? YES NO

If yes, please describe _____

Health and Wellness

Do you or your children have any special medical needs, mental health or behavioral needs? YES NO

If so, please explain. _____

Children and Family

Are you the children's legal guardian? YES NO

Are the children enrolled in school or daycare? Please list schools and/or daycare facilities and location:

Chemical Dependency

Have you had any problems related to drugs or drinking alcohol? None Both Drugs Alcohol

Have you ever been in a drug or alcohol treatment program? Both Drugs Alcohol If so, please list:

Treatment Facility _____ Dates of Service _____

If so, how long have you been in recovery? _____

If you have a past, current or future problem with substance abuse you may be required to attend weekly AA meetings and have your attendance verified. Do you agree to this requirement? YES NO

Would your family agree to maintain a no-drug policy while with Exodus Housing? **Please initial:** _____ YES _____ NO

Criminal Background Information

Do you have a criminal record? YES NO **You will complete a criminal history record release during the interview process.**

Have you, or any family member on this application, ever been arrested? YES NO If yes, please list:

Date of Arrest _____ Felony Misdemeanor Reason _____

Outcome _____ please explain _____

Program Rules and Expectations

You will be expected to follow program rules and guidelines as listed in the 2010 Policy and Procedure Manual. The inability to follow these rules and guidelines may lead to termination from this program

References

Please list 2 references (for example: employer, case manager, counselor, minister, etc.) Please do not list only family members.

First and Last Name	Relationship to you	How long have you know them?	Phone

STATEMENT OF UNDERSTANDING

I/we understand that Exodus Housing will do a credit history check and a criminal history check. If applicant is interviewed, Exodus Housing will require photo identification for applicant, social security cards, proof of homelessness, proof of income and proof of dependent children. I/we understand that any information given does not automatically disqualify me, as Exodus Housing will consider applicants that may need support to resolve existing problems.

All of the above information I/we have given is, to the best of my/our knowledge, true and complete. I/we understand that if any of this information, or previous information, given is found to be untrue, I/we would be asked to leave the Exodus Housing program.

Applicant Signature

Printed Name

Date

Applicant Signature

Printed Name

Date

Domestic Violence Information

We understand it may be difficult, however please answer all questions below to the best of your ability. This information is important in assessing the safety of you and your family if accepted into our program.

Have you or has your family experienced domestic violence? YES NO If Yes, when and how long did this occur?

Exodus Housing requires that you have no contact with a formerly abusive partner outside of legal or custody arrangements. Do you feel like you like you could live by this rule? YES NO

HISTORY OF ABUSER

Name _____ Other names used _____

Age _____ Address/ Location _____

Length of relationship _____

Does s/he have a car? YES NO List make/model/color _____

Are there any court orders (protection, anti-harassment, etc) involved with you, abuser and/or children?
 YES NO If yes, please describe _____

Do you have visitation/parenting plan(s) for children in common? YES NO If yes, describe: _____

Have any court orders been violated by either party YES NO If yes, please describe _____

Do you know if s/he possesses guns, knives or any other weapons? YES NO
If yes, please list: _____

Are they in jail now? YES NO If yes, where and when is their release date? _____

Do you know if s/he has a history of depression, mood swings, suicide attempts, substance abuse or has been treated for mental health issues? YES NO If yes, please describe: _____

When did you last have contact with this person? _____

Do you have contact with any of the abuser's family or friends? YES NO If yes, please describe: _____

Does the abuser have any contact with your family or friends? YES NO If yes, please describe _____

INFORMATION THAT LED YOU TO LEAVE YOUR ABUSER

Are you currently homeless because you are fleeing from domestic violence? YES NO

How many times have you left this relationship before? _____

Using the scale from 1 (low) to 10 (high), please rate the following questions by listing the appropriate number in the score box:

	Score
What is the probability of this person finding you and/or your children?	
What is the probability of you, your children, family/friend contacting this person?	
What is the probability of your children being kidnapped by this person?	
What is probability of being killed/critically injured by this person?	

Has this person ever tracked you down? YES NO

Has this person ever kidnapped you or your children? YES NO

Has this person ever injured or killed pets? YES NO