



Transitional Housing Program Application

Return this application to:
Exodus Housing, P.O. Box 1006, Sumner, WA 98390, or
or send via fax (253) 826-2169

Please complete application in full

Application Date: _____

Please provide the following information for all family members who will be residing together:

Full name	Birth date	Age	Gender	Ethnicity (optional)
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Parent: _____

Parent: _____

Children

Male age(s) _____ Female age(s) _____

Pregnant Yes No

Please list ages of any of your children who will not be residing with you:

Male age(s) _____ Female age(s) _____

Please give phone number(s) where it is safe to contact you: _____

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

Citizenship Status: ___ U.S. citizen ___ Documented Immigrant ___ Undocumented

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.

Please give complete and candid answers to the following questions. Use additional paper if needed. Please make sure you read and sign the *Statement of Understanding* found on the last page of this questionnaire. All information is confidential and only for use by Exodus Housing and assigned volunteer mentor.

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, etc.) | <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?

- In an emergency shelter: If so, which shelter _____
- With friends or family
- In a hotel/motel
- In car, streets, abandoned building
- In a hospital or other institution
- Other _____

How long can you continue to stay where you are presently? _____

How long have you been homeless? _____

Have you been homeless in the past? YES NO

If so, how many times? _____

Reason (s) for Homelessness _____

Why are you interested in the Exodus Transitional Housing program?

What goals would you like to set and accomplish during your stay in transitional housing?

Are you currently working with other social services programs? What agencies and types of services?

What/who are your current support systems? _____

Finances, Employment and Education

Source of Income:

Current Job \$ _____ TANF \$ _____ Child Support \$ _____
 Food Stamps \$ _____ Other \$ _____ from _____

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? YES NO

If so, when and where? _____

Have you applied to other transitional housing programs? YES NO

If so, when and where? _____

Employment History:

Employer	Position	Dates
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

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

7 8 9 10 11 12 12th with 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 _____

What are your educational goals? _____

What is your current mode of transportation? Vehicle Bus

Health and Wellness

Do you or your children have any special medical needs or mental health 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

Has CPS ever been involved with your family? YES NO If so, please explain circumstances. _____

Chemical Dependency

Have you had any problems related to drugs or drinking alcohol? 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 _____

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 be required to sign a criminal history record release.*

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 _____

Date of Arrest _____ Felony Misdemeanor Reason _____

Outcome _____ please explain _____

Domestic Violence Information

Have you or has your family experienced domestic violence? YES NO

If YES, please complete Domestic Violence Screening Assessment (if not attached please contact us to receive one)

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

Program Rules and Expectations

You will be expected to follow program rules and guidelines as listed in the 2009 Policy and procedure manual. The inability to follow these rules and guidelines may lead to termination from this program

References

Please list 3 references (for example: employer, case manager, counselor, minister, etc.) Please do not list only family members.

1. Name (first and last) _____

Relationship to you _____

How long have you known them? _____ Phone _____

2. Name (first and last) _____

Relationship to you _____

How long have you known 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