



## Transitional Housing Program Application

**EXODUS HOUSING**  
PO Box 1006  
Sumner, WA 98390  
253-862-6808  
FAX: 253- 826-2169  
[www.exodushousing.org](http://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 provide transitional housing and customized support services to homeless families. Housing is linked with case management services in their 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.**

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

- Parent must be 18 or older with (1-5) minor children under age 18 and children must be in your custody or a 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
- 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 6 months
- Must not have a recent felony in the past 3 years

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 – 3<sup>rd</sup> party verification from case worker/advocate, shelter verification letter, etc.

**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

**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:

Length of current 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?  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 be 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?

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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:

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

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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:

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

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### INFORMATION THAT LED YOU TO LEAVE YOUR ABUSER

Are you homeless and 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