



Homes of Hope Participant Application

Date Completed: _____

Demographic Information

Applicant Last Name: _____ **First Name:** _____ **MI:** _____

Previous names for the applicant: _____

Social Security Number: _____ **Date of Birth:** _____

Phone Numbers (*Indicate phone owner if the number is not the applicant's)

Primary: _____ (home/cell/work) **Secondary:** _____ (home/cell/work)

Email: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

*This information is used exclusively for reporting statistics, as required, to partner agencies and grant applications. Love INC services are open to **all** neighbors regardless of age, race, gender, or religious affiliation.*

Gender (circle one): Male Female Transgender **Are you a U.S. Citizen? Yes No**

Race (circle one): American Indian/Alaska Native Asian Black/African American
White/Caucasian Multi-Racial (please specify) _____ Unknown

Ethnicity (circle one): Hispanic/Latino Non Hispanic/Non-Latino

Relationship Status (circle one): Single Married Separated Divorced Widow

Current relationship: _____

Is applicant a Veteran (anyone who has been on active military duty) **Yes No** Branch: _____

Do you have a place of worship? Yes Location: _____ **No** Would you like us to connect you with a place of worship? Please indicate denomination of choice.

Transportation Information (required documentation may be brought to interview if granted)

Do you have a valid driver's license? Yes No (photocopy of license is required)

Do you have a car? Yes No Mode of transportation: _____

Do you have car insurance? Yes No (photocopy of current car insurance is required)

Do you have current vehicle registration? Yes No (photocopy of registration is required)

Family Information

Please provide information for each person that will live with the applicant if accepted into the program:

Household members						
Adult Household Members						
Last	First	DOB	SS#	Phone #	Place of Employment	Work Phone Number
Children						
Last	First	DOB	Relationship to adults	Phone #	District & School	Grade

Are you or anyone that will live with you if accepted into the program currently pregnant?

Yes Due Date: _____ **No**

Do you or anyone listed have disabilities that would require reasonable accommodations?

Yes No

If yes, please specify what accommodations will be needed: _____

Housing Information

Is this the first time you have experienced a housing crisis or homelessness? **Yes No**

If no, please specify prior experiences indicating when it occurred, where you were located and how long it lasted

What caused you to be homeless at this time? _____

What obstacles are you facing in your search for housing? _____

Do you have a Section 8 voucher, or are you on the list for public housing assistance? **Yes No**

If yes, where? _____

Have you ever been evicted? **Yes No**

If yes, when and why? _____

Most recent landlord's Name _____ Phone _____

Housing History

Former Address	Landlord	Dates of Occupancy	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History (include you and anyone that will live with you if accepted into the program)

Name	Employer/Source of Income	Length of time	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial Information

Please list ALL sources of income *you or anyone that will live with you* if accepted into the program have including but not limited to earned wages, unemployment, cash assistance, supplemental security (SSI), social security disability (SSDI), social security, retirement, pension, child or spousal support

<u>Name</u>	<u>Amount</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are *you or anyone that will live with you* if accepted into the program in the process of or planning to apply for Social Security disability? **Yes No** If Yes, please explain _____

Do *you and anyone that will live with you* if accepted into the program receive any of the following benefits (check all that apply):

- ____ Supplemental Nutrition Assistance (SNAP) Monthly Amount _____
- ____ WIC ____ TANF Child Care Service ____ TANF Transportation Services
- ____ Other TANF-funded Services ____ Rental assistance

Criminal/Legal History

The following questions apply to *you and anyone that will live with you* if accepted into the program:

Have a criminal history? **Yes No**

If Yes, list name, charges, when they occurred, and the outcome _____

Currently on Probation or Parole? **Yes No**

If Yes, list name, PO Name and Phone Number _____

Have any outstanding warrants? **Yes No**

If Yes, list name and explain warrants(s) _____

Been a victim of domestic violence? **Yes No**

If Yes, list name and explain _____

Have an active PFA Order against another person? **Yes No**

If Yes, list name, the perpetrator, duration of the PFA and circumstances requiring the PFA

Been a perpetrator of domestic violence? **Yes No**

If Yes, list name and explain _____

Have an active PFA Order against them? **Yes No**

If Yes, list name, duration of the PFA and circumstances requiring the PFA

FOR OFFICE USE ONLY:

Application received (date) _____ (init) _____

Copies received:

Driver's License (date) _____ (init) _____

Auto Insurance (date) _____ (init) _____

Vehicle Registration (date) _____ (init) _____



Homes of Hope Authorization Form

I, _____, authorize Love in the Name of Christ of Greater Hershey (Love INC) to speak with any agency, church, school, credit bureau, credit monitoring agency, or individual necessary at any time regarding my application and/or position in the Homes of Hope program.

I also give Love in the Name of Christ (Love INC) permission to run any necessary police checks or initiate any criminal investigations as well as random drug testing any time they wish to do so.

Signature: _____ **Date:** _____

Print Name: _____

PA DL/State ID #: _____

Social Security #: _____ - _____ - _____

FOR OFFICE USE ONLY:
Received (date) _____ (init) _____