



Homes of Hope Participant Application

Date Completed: _____

Please complete all of the following providing as much detail as possible.

IMPORTANT: Failure to disclose any charges against you, past or present, will result in immediate disqualification from the application process.

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: _____

Do you or anyone listed have any pets? **Yes** **No** If yes, please list type(s) of pets _____

***Pet requirements:** up-to-date with vaccinations/shots and applicable license, may not be aggressive towards any individuals, may not be destructive, must be on a leash or contained when outside, may not be left outside barking, must be managed/controlled by the pet owner while non-family members are in the home.*

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 or facing homelessness 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 (at least 2 prior addresses and landlord info required)

| 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 (includes past and any pending charges that have not been tried or dismissed)? **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) _____