

Please print ALL sections in ink. DO NOT leave any sections blank, even those which do not apply to you. If a section does not apply to you, enter none, or "N/A" (not applicable). Please answer the following questions truthfully, and to the best of your ability. Complete application in full, otherwise it will NOT be considered for possible Housing Opportunities.

PERSONAL

Date

Full Legal Name

Social Security Number

Date of Birth

Referred By

Phone #

Emergency Contact

Phone #

Additional Information: Other Phone #, Family Contacts, etc.



HOUSING HISTORY

Current: () Own () Rent () Stay w/Family () Facility*
*If Facility, please list facility, contact person, and admission date:

(Last known address)

Address

City, State, Zip

Landlord's Name

Phone

Monthly Rent

Utilities

Previous Information:

Address

City, State, Zip

Landlord's Name

Phone

Monthly Rent

Utilities

BIO INFORMATION

Please answer the following questions as thoroughly as possible.

Do you currently use any illegal drugs or other illegal controlled substance?

Yes - _____ No - _____ If yes, please describe _____

What was your prior use? _____

What is your documented sobriety date? (Please provide proof)

What is your current treatment plan? _____

Do you see other outside professionals? (Please list all that apply)

Do you have a counselor? (Please give name and facility)

Are you currently a client of CHC? _____. If so, who is your counselor? _____

Have you ever been a client of CHC? _____ When?

How did you hear about the CHC Housing Programs? _____

Have you ever completed an intake? _____ When and
with Who? _____

What is your current diagnosis? (Please provide proof)

Are you on any medications? _____ if so, please describe

Please list any past criminal activity. Have you ever engaged in drug-
related activity, such as use, possession, distributions, trafficking, or
manufacture of an illegal drug? Please describe:

Have you ever applied for a government-subsidized apartment
before? _____ If so, when/where? _____

What is your marital status? Single Married
 Separated Widowed Divorced – please supply
documentation

How many children do you have? _____ What are their
names/ages?

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Do you have permanent custody? _____ If not, what is
the current arrangement? (Please explain)

EDUCATION

What is the highest level of education completed? _____

Did you graduate High School? _____

When/Where? _____

EMPLOYMENT HISTORY

Please list all full-time, part-time, self-employment, and/or seasonal employment:

Employer Name: _____

Address: _____

Phone #: _____ Annual Earnings: _____

Employer Name: _____

Address: _____

Phone #: _____ Annual Earnings: _____

If unemployed, please list last job worked: _____

If currently not working, do you have plans to return to work? Please explain: _____

What are your interests? _____

INCOME

Income from other sources: Please list all non-employment income. This includes all Social Security, SSI, Pension, Public Assistance, Unemployment, Workers Compensation, Veteran's Benefits, Alimony, Child Support, Interest from Real Property, and all other periodic income.

Source: _____

Address: _____

Claim/Acct. # _____ Annual Earnings _____

Source: _____

Address: _____

Claim/Acct. # _____ Annual Earnings _____

ASSETS – Please list all assets including savings, checking, money markets, vehicle, CD's, Stocks, Bonds, Credit Union Shares, Land, and Real Estate. Please list below:

Asset: _____

Estimated Current Value: _____

Estimated Annual Income: _____

Asset: _____

Estimated Current Value: _____

Estimated Annual Income: _____

Please read the following CAREFULLY. Sign and date below:

The information provided on the previous pages is accurate and truthful to the best of my knowledge. I am aware that this is NOT a promise of placement, it is an application ONLY. I understand that a back round check will be issued on my criminal history (if any). I understand that placing false information anywhere on this form may lead to disqualification of placement in the Community Health Center Program. I also understand that placing false information on this form is grounds for eviction should I be considered for placement in the Community Health Center Program. In the event that I am chosen for placement, I will be prepared to submit the following: security deposit, first month's rent, and any necessary documentation listed above (documented sobriety, diagnosis, and proof of income) at the time of lease signing.

ALL HOUSING APPLICATIONS MUST BE COMPLETED IN FULL, OTHERWISE THE APPLICATION WILL NOT BE CONSIDERED FOR HOUSING OPPORTUNITES. PLEASE COMPLETE APPLICATION IN FULL. (FILL IN ALL SPACES, COMPLETE ALL QUESTIONS)

Signature

Date

Witness

Date

Driver's License Number

CLIENT LOCATOR FORM:

Full Name of Adult: _____

Name To Be Called By: _____

Address: _____

Telephone Number: _____

Today's Date: _____

Name and address of Parent or Close Relative who does NOT live with you
Name:
Address:
City, State, Zip
Phone:

Name and address of Parent or Close Relative who does NOT live with you
Name:
Address:
City, State, Zip
Phone:

Name and address of Parent or Close Relative who does NOT live with you
Name:
Address:
City, State, Zip
Phone:

If there is anyone you do not want contacted, please list below:
Name:
Address:
City, State, & Zip:



Client Bio-Sheet

Name: _____

CHC Housing Facility: _____

Move-in Date: _____

Move-out Date: _____

Monthly Rent Amount: _____

Diagnosis: _____

Medications: _____

Date of Birth: _____

Social Security Number: _____

Emergency Contact: _____

Emergency Contact Phone: _____

CHC Case Manager: _____

Employer: _____

Employer Phone: _____

Physician: _____

Physician Phone: _____

Other Provider and Phone: _____

Sponsor: _____

Sponsor Phone: _____

CHC Counselor _____

CHC Counselor Phone: _____

