



HOUSING FOR HOMELESS

4087 S. US 1 Suite #3, Rockledge, FL 32955
Phone: (321) 639-0166 Fax: (321) 639-0989
www.housingforhomeless.org

MENS SHELTER APPLICATION

Date _____

Referral Source _____

HMIS# _____

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE	
ADDRESS		CITY, STATE		ZIP	
MAILING ADDRESS		CITY, STATE		ZIP	
PHONE		E-MAIL		SSN	
ALT PHONE		BIRTHPLACE CITY/STATE			
MARITAL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow
RACE	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
HISPANIC OR LATINO	<input type="checkbox"/> Yes <input type="checkbox"/> No	STUDENT STATUS	<input type="checkbox"/> Non-Student <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	DO YOU COLLECT SOCIAL SECURITY BASED ON DISABILITY? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NON-HOUSEHOLD FRIENDS, RELATIVES & EMERGENCY CONTACTS

NAME	RELATIONSHIP	ADDRESS/PHONE

CRIMINAL HISTORY

HAVE YOU EVER BEEN SUBJECT TO A SEX OFFENDER REGISTRATION PROGRAM IN ANY STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state(s)? _____	HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ _____
ARE YOU CURRENTLY ON PAROLE OR PROBATION? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
HAVE YOU EVER BEEN EVICTED OR TERMINATED FROM PUBLIC HOUSING, SECTION 8 OR ANY SUBSIDIZED HOUSING? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	HAVE YOU USED ANY OTHER NAME(S) IN THE PAST 5 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name(s)? _____

INCOME BARRIERS

Are you currently employed? Yes No If so, what is it? _____ How long? _____

Name of employer _____ Full Time Yes No Hours Per Week _____

What is your monthly income? _____ Do you receive Food Stamps? Yes No

Income Source/Type Wages Earned SSI SSDI Unemployment Retirement Other

Do you have a working car or other reliable transportation to get around? Yes No

Do you have a bank account? Yes No

Do you have any of the following ORIGINALS not photo copies?
 Birth Certificate Social Security Card Driver's License or State ID Verification of Income

Are you a U.S. Citizen, or do you have the legal papers to be here? Yes No

AGREEMENT

I understand that submitting false or incomplete information to obtain housing assistance is a criminal offense punishable under federal law. I do hereby certify that all statements contained in this application are true and complete, to the best of my knowledge. I understand that deliberate misrepresentation of my circumstances will result in my being rejected for admission to Housing for Homeless shelter. I hereby authorize the Housing for Homeless to verify all information contained in this application and to conduct criminal and employment verification on all members of my household.

Do you understand and accept the terms of the agreement? Yes, I Understand and Accept

PRINT YOUR NAME: _____ DATE: _____

SIGNATURE: _____
