



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? Yes No

If yes, which state(s)? _____

ARE YOU CURRENTLY ON PAROLE OR PROBATION?

Yes No If yes, please explain: _____

HAVE YOU EVER BEEN EVICTED OR TERMINATED FROM PUBLIC HOUSING, SECTION 8 OR ANY SUBSIDIZED HOUSING?

Yes No If yes, please explain: _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?

Yes No

If yes, please explain: _____

HAVE YOU USED ANY OTHER NAME(S) IN THE PAST 5 YEARS?

Yes 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.

I understand that HfH Men's Shelter Program is a short term stay, up to 30 days and the occupancy fee is \$10.00 per day. The shelter will be closed Mon thru Fri from 8:30 am – 6:00 pm.

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

PRINT YOUR NAME: _____

DATE: _____

SIGNATURE: _____
