

**ELIZABETH GREGORY HOME
TRANSITIONAL HOUSING APPLICATION**

PART I
PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Mailing Address: _____

Contact Number: _____
(Please indicate if this is a cell phone, voicemail or message number)

Email Address: _____

Date of Birth: _____ SSN: _____ - _____ - _____

Relationship Status: Single Married Separated Divorced

Do you require an interpreter? (Circle one) Yes No If yes, Language spoken: _____

REFERRAL SOURCE:

Homeless verification

Are you currently homeless? Yes No
If yes, PLEASE CHECK where you are living:

- In places not meant for human habitation, such as cars, parks, sidewalks and abandoned buildings
- In an emergency shelter
- In transitional or supportive housing (for homeless persons who originally came from the streets or shelter)
- Being evicted within a week from private dwelling units with no subsequent residence identified and lacking the resources needed to obtain housing
- In a hospital or other institution for less than 30 days, but prior living was in one of the above places
- Being discharged within a week from an institution in that I have been a resident of for more than 30 consecutive days and have no subsequent residence and lack the resources needed to obtain housing
- Other (please describe): _____

Reason for seeking housing:

What forms of valid identification do you have? _____
(Please enclose copy of the identification with this application)

Are members of your family or other individuals currently living with you? _____

Please list their name, age and relationship to you

Do you have children currently out of your custody? _____

Please list their name, age and location

Briefly describe the reason you are separated at this time including anticipated date of reunification, if any.

Do you have pets? If yes, please describe who will care for them during your stay in transitional housing.

Briefly describe the reason for your homelessness.

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**PART II
HOUSING HISTORY**

Where are you currently residing? _____

How long have you been there? _____

Have you stayed at an emergency shelter before _____

Please list the names, city, state and dates of residency

Have you ever been evicted? If yes, list number of times, dates and locations.

Have you ever been evicted, asked to leave, or voluntarily moved from Section 8 housing authority or other subsidized housing? If yes, list number of times, dates and locations.

Briefly describe the circumstances.

Have you applied for Section 8? If yes, where are you on the housing authority waiting list?

Please list the names of other transitional and permanent housing programs to which you have applied.

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**PART III
SUBSTANCE ABUSE HISTORY**

When was the last time you used drugs and/or alcohol? Please describe the type and amount used.

Have you been in any form of treatment before? If yes, please list the name and type of the facility, dates and location.

Are you currently using drugs and/or alcohol? _____

Please list date entered recovery, if applicable. _____

Describe the steps you take to maintain recovery today

Have you relapsed after treatment in the past (prior to the last treatment)? Describe the situations

Are you a smoker? _____

If admitted to Elizabeth Gregory Home would you be willing to address any substance abuse issues and agree to maintain a drug and alcohol free residence?

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**PART IV
DOMESTIC VIOLENCE HISTORY**

Do you have a history of Domestic Violence? If yes, please describe incident(s) including name(s) of abuser(s), date(s) and location(s) and outcomes

Are you currently in a violent relationship? If yes, please describe safety plans to leave the relationship.

To your knowledge, are you being pursued by a past abuser or anyone who may compromise your safety? If yes, please describe the circumstances in detail

Do you have current protection or restraining orders? If yes, please describe circumstances including date effective, location and order expiration date.

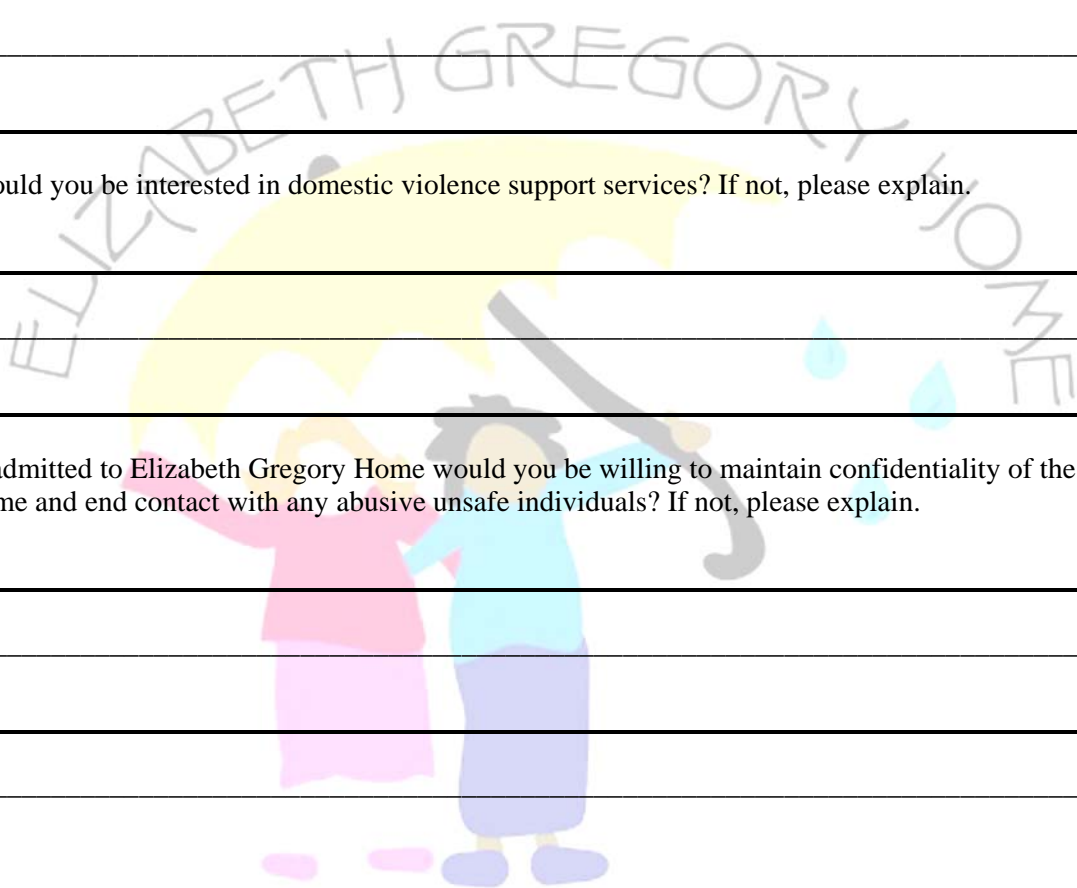
Have you participated in counseling services for domestic violence support? Where & When?

Do you have a childhood history of physical, sexual or emotional abuse? Please explain

Have you ever been accused of domestic violence by a partner, law enforcement or others?

Would you be interested in domestic violence support services? If not, please explain.

If admitted to Elizabeth Gregory Home would you be willing to maintain confidentiality of the home and end contact with any abusive unsafe individuals? If not, please explain.



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**PART V
LEGAL & CRIMINAL HISTORY**

Do you have any past or pending legal issues such as lawsuits, judgments, collection charges, criminal charges etc? If yes, please describe charges including date(s) circumstance(s) and plan to resolve charge(s).

Have you been convicted of a felony charge? If yes, please describe charge including date, arrest, time served, etc.

Have you been convicted of a misdemeanor charge? If yes, please describe charge including date, arrest, time served, etc.

Are you currently on probation or parole? If yes, please list the name and contact information of your D.O.C. officer.

Have you ever been charged with and/or convicted of a violent and/or sex crime including murder, kidnapping, assault, arson, rape, sexual molestation or abuse of a minor or vulnerable adult? If yes, please detail charges.

Is there anything that we should know before we run a background check as part of the application process?

Have you ever been or are you currently involved with Child Protective Services (CPS)? If yes, please describe circumstances including alleged charges.

Are you legally married? If yes, please list name, date of marriage and reason for separation.

Have you filed bankruptcy within the last ten years? If yes, please list type of bankruptcy filed (Chapter 7, Chapter 11, etc.) and date discharged.

Estimate your total amount of debt. Are there any current judgments pending against you?



8757 15th Ave NW Suite 204, Seattle, WA 98117
Office 206-812-8400 Fax 206-812-8410

I/We understand that HomeStep will run a background check that will include my landlord, credit and criminal history through the National Tenant Network and/or Orca Information and Communications, LLC. This information may be released to our housing partners, but only to the potential place you will be housed.

Participant Signature

Date

Participant Signature

Date

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**PART VI-A
EMPLOYMENT HISTORY**

Do you have a source of income? _____

What and how much is your source of income? Check all that apply

- Earned Income (Job / Self employment) \$ _____
- Unemployment \$ _____
- SSI \$ _____
- DSHS – GAU/GAX (Cash) \$ _____
- Child Support or spousal maintenance \$ _____
- Retirement or pension \$ _____
- Veterans Administration or military benefits \$ _____
- L & I or insurance benefits \$ _____
- Trusts / Interest / Rental Income \$ _____
- Other _____ \$ _____

Are you currently employed? Where?

NAME OF EMPLOYER: _____

DATE OF EMPLOYMENT: _____

POSITION: _____

If you answered no to the previous question, when was the last time you held regular employment?

NAME OF EMPLOYER: _____

DATE OF EMPLOYMENT: _____

POSITION: _____

Have you ever been terminated from a position? If yes, please describe circumstances.

Do you have a representative payee? _____

Please list your monthly expense, if any. (Mortgage, Insurance, child or adult dependant care, Medical bills, Child Support etc)

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**PART VI B
EDUCATION HISTORY
(Include diplomas and certificates, if any)**

Type of school: _____

Name of School: _____

Location (country if outside US) _____

Years attended: From _____ To _____

Qualification Obtained: _____

Type of school: _____

Name of School: _____

Location (country if outside US) _____

Years attended: From _____ To _____

Qualification Obtained: _____

Type of school: _____

Name of School: _____

Location (country if outside US) _____

Years attended: From _____ To _____

Qualification Obtained: _____

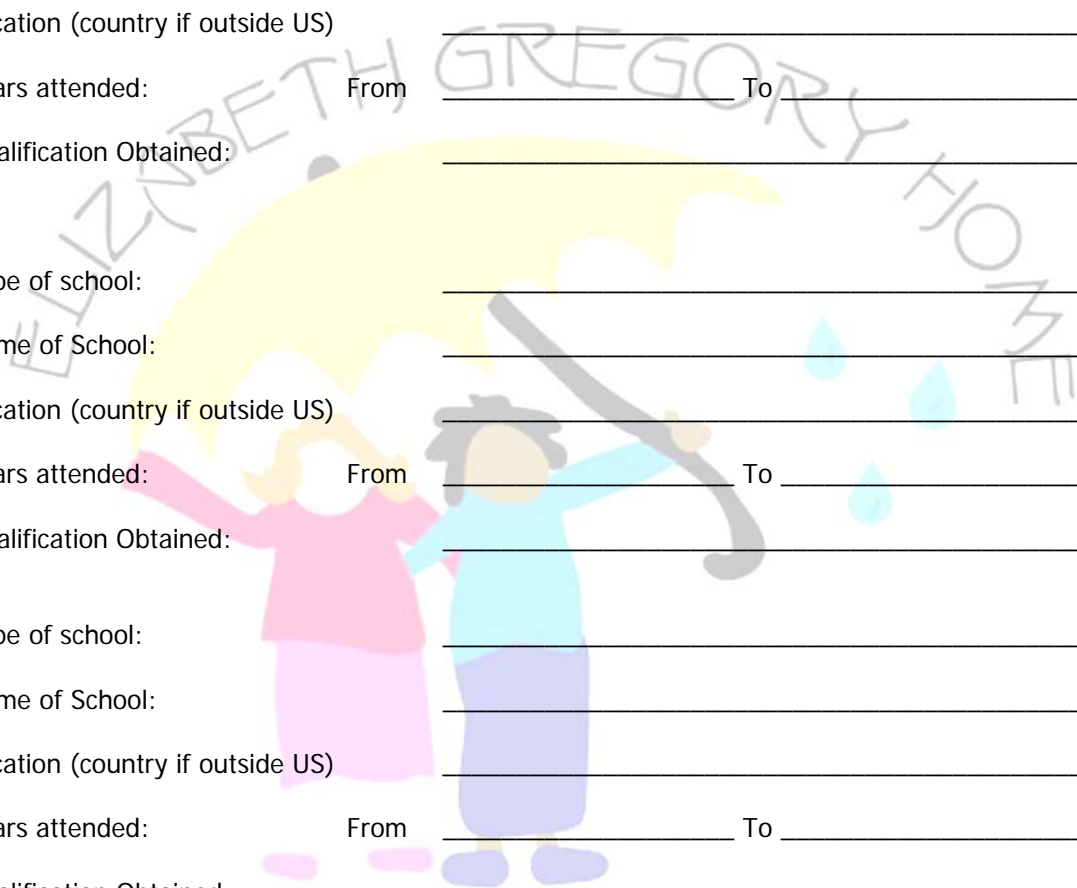
Type of school: _____

Name of School: _____

Location (country if outside US) _____

Years attended: From _____ To _____

Qualification Obtained: _____



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**PART VII
HEALTH HISTORY**

Family Physician or Health Facility:
Name

Address

(Street)

(City)

(State)

(Zip)

Have you been hospitalized within 10 years: Yes No
If yes, indicate when, where, and why in the space below.

Have you had surgery within 5 years? Yes No
If yes, indicate when, where, and why in the space below.

Are you now being treated for any mental and/or physical illness? Yes No
If yes, indicate the condition and forms of therapy in the space below.

Comments:

Have you had a recent normal PAP test? Yes No

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers		
Name the Drug	Strength	Frequency Taken
Allergies to medications		
Name the Drug	Reaction You Had	

Other Allergies, if any. _____

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**PART VIII
GOALS**

This form is to help you identify what you would like to accomplish during your stay at Elizabeth Gregory Home.

Goal/Objective. Briefly describe each goal and when the goal should be met or accomplished.

Importance. Rank the goal as Essential, Important, or Desirable as follows:

Essential – required for enhancing the quality of your life

Important – helpful for enhancing the quality of your life

Desirable – asset for enhancing the quality of your life

1ST GOAL/OBJECTIVE

Description:

Importance: **Essential** **Important** **Desirable**

2ND GOAL/OBJECTIVE

Description:

Importance: **Essential** **Important** **Desirable**

1ST GOAL/OBJECTIVE

Description:

Importance: **Essential** **Important** **Desirable**

What motivates you to succeed in a transitional housing program?

Do you have any problems with living in a fairly structured, communal environment where there are many types of personalities, races, styles, ages etc.?

Do you think Elizabeth Gregory Home is a good fit for you? Why?

Date: _____

Verification of Homelessness

Applicant Name: _____

Verifying Agency: _____

Name of Verifier: _____

Title of Verifier: _____

I know that the person named above is without permanent, standard, night-time housing.

The specific circumstances about this situation that are known to me are:

For further information on this client, I can be contacted at _____

Signature (Verifier)



8757 15th Ave NW Suite 204,
Seattle, WA 98117



RELEASE OF INFORMATION

I, _____, hereby authorize the following staff and volunteers from Elizabeth Gregory Home

Kanti Mani

to request information from and/or provide information to the following agency/provider

Cindy Rodriguez-HomeStep

Trina Thompson-HomeStep

Date of Birth ____/____/____ Social Security Number ____-____-____

This release is valid for 180 days from the date of signature. It may be revoked in writing at anytime. If you have questions, please contact the EGH staff at 206-729-0262.

Additional comments: _____

Client Signature _____ Date ____/____/____

Staff Signature _____ Date ____/____/____