



## Residential Housing Application

**Print & Fax all pages to: 348-0573 for an Interview**

Legal name		Date of Birth	Age	Today's Date
Do you have a SS Card? Yes <input type="checkbox"/> No <input type="checkbox"/> Social Security #:		Driver's License #	Telephone #	
Previous Address			How long at this address?	
<b>Who lived with you at this address other than your children and what is their relationship to you?</b>				
Name			Relationship to you	
1.				
2.				
<b>List your previous two addresses beginning with the most recent and work back in time.</b>				
Address	From: month/year	To: month/year	Reason for leaving	
1.				
2.				
<b>CHILDREN</b>				
Name	DOB	Age	Legal Guardian	Who Supports?
<b>Please explain why you are applying for housing (i.e. homeless, evicted, in shelter) and what led to these circumstances.</b>				
<b>DRUG HISTORY</b>				
Alcohol problem? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drug problem? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of drugs?
How long clean and sober?	Days	Months	Years	
How many times have you been in treatment?		When was the last time?		
Are you currently involved in a 12-step recovery program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What changes have you made to ensure your sobriety?				
<b>HEALTH</b>				
<b>Please list any history of serious illness:</b>				
<b>List current medical problems and ALL medication currently being taken:</b>				

<b>Have you ever been involved in counseling?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Where?
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For what issues?

<b>Have you ever attempted suicide?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe when and how:
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**RELIGIOUS BACKGROUND**

<b>Are you now, or have you ever, attended a church?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Where?
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Describe your experience

**COMMITMENT TO CHANGE**

<b>Are you willing to develop new habits to change your lifestyle?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>What things do you believe need to be changed in your life to make you successful?</b>
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**CRIMINAL HISTORY**

List **ALL** criminal arrests, convictions and sentences and the month/year of these incidents:

<b>Do you have any pending charges or warrants?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:
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<b>Are you presently on probation or parole?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name and phone # of probation officer:
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Name:	Phone Number:
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**EDUCATION**

<b>Highest grade completed:</b>	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	School?	Date Received?
	GED <input type="checkbox"/> Yes <input type="checkbox"/> No		

**EMPLOYMENT**

**Please list your last three employers starting with the most recent and working back in time.**

Employer and Address	Type of Work	From mo/yr	To mo/yr	Reason for Leaving

What has been your total gross income to date for this year?	\$	Previous year's income	\$
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How are you going to support yourself and your family financially?

**MARITAL STATUS**

Single       Married and living with spouse       Separated       Divorced

Spouse's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Date married? \_\_\_\_\_ Date divorced? \_\_\_\_\_ Your age at 1<sup>st</sup> marriage: \_\_\_\_\_

# of prior marriages? \_\_\_\_\_ Do you currently have a boyfriend/girlfriend?  Yes  No

If yes, name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**RESIDENCE**

Birthplace: \_\_\_\_\_ How long have you lived in Nevada? \_\_\_\_\_

If you have relocated to the Reno area within the past year, please explain the reason for your move: \_\_\_\_\_

**FAMILY**

Name	Address	Phone #	Supportive of You?
Father			
Mother			

**In Case of Serious Accident, Illness or Emergency, notify:**

Dr.	Phone	Hospital	Phone
Friend/Relative	Phone	Medical Insurance	Group #

**MILITARY**

Have you ever served in the military?  Yes  No If yes, please describe: \_\_\_\_\_

Home Record (where mail can always be direct in case you move)

Name	Address
Phone	Relationship to you

***Applicant represents that all of the above information is true and complete and authorizes Hosanna Home to verify the information and references. Any false information given may be grounds to terminate any housing agreement entered into. Applicant also understands that Hosanna Home and Leah's House are Christ-centered and the housing being applied for is alcohol and drug-free and that any such use will result in immediate termination of housing.***

Applicant Signature	Date
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