



COMMUNITY HOUSING APPLICATION

Important Information:

Read This First Page Carefully Before Filling Out This Application.

If YOU CANNOT and/or UNWILLING TO follow Instructions and Conform to a Structured Environment, this is NOT the PLACE for YOU. DO YOURSELF A FAVOR AND STOP RIGHT HERE. We will not tolerate any violations or behavior that will disrupt this Program.

At curfew times, House Manager IS **STILL ON DUTY AND YOU WILL CONTINUE TO FOLLOW THE RULES and CONDUCT YOURSELF IN AN APPROPRIATE MANNER.** If YOU DO NOT, YOUR STAY HERE WILL BE SHORT.

Administrators and Board Members of this Organization Can
“Walk Through”
Anytime Day or Night

Our job is to provide YOU with the Tools and Support to help YOU
Become a Self-Sufficient Independent Living Individual.
“Your Job is to Help Yourself”

Huma-Faith is an interfaith effort inviting adherents, sentimentalists, and/or spiritualist of any religious faith that ascribe to a Supreme Being and Creator Who’s handed down religious text directing mankind toward a righteous moral code and/or disciplines for the greater good of humanity. Huma-Faith is not concerned with which human language the Supreme Being or text is expressed.

Huma-Faith is intended to be a vehicle and network of faith communities through whom an eclectic (e.g., Spiritual, Clinical, Case Management, etc.) approach is used to challenge issues of homelessness or disfranchisement by virtue of incarceration, substance abuse, domestic violence, abandonment, divorce, being a refugee and/or any other social maladies that hinder upward mobility.

Applicant’s Initials _____

RULES AND AGREEMENT

Residents of the Huma-Faith Housing Program must agree and abide by the following:

Produce a Health Card or be willing to be screened by the Public Health Department within 10-days of admission and be willing to release the Public Health information to Huma-Faith.

CARDINAL RULES:

NO Alcohol or Drugs use on or off premises!!!

NO Weapons – Chapter 46, Texas Penal Code

NO Acts or Threats of Physical Violence

NO Violation of City, State, or Federal Laws

NO Sexual Acts, sexual contact, groping, or sexual solicitation in or around Huma-Faith housing or Huma-Faith Activities.

NO Consistent Refusal to Follow the Rules and Guidelines of the Program

Note: Violation of a cardinal rule is likely to result in immediate removal and/or eviction from housing and termination of the Huma-Faith Program.

Applicant's Initials ()



General House Rules:

No Arguing on Premises. (Get Along. If You Have a Problem, work it out or use the Grievance Process)

No visitors allowed in bedrooms. (During Open House and/or visiting hours, visits may occur in common living/lounging areas, dining area, or outside the facility.)

No smoking in the house. (Tobacco use is allowed in the Backyard/Back Porch/Patio or away from the house.)

Cell Phones are to be kept at a low tone or on vibrate during designated quiet times.

Residents will Always keep their rooms and Personal Areas Clean and neat.

There's to be absolutely no possession of pornographic material nor is pornography to be accessed by electronic means.

Note: Specific house rules may be initiated by House Managers with the approval of Administration

Applicant's Initials _____

General Agreement:

I will do my best to get along with the other residents and/or participants of any Huma-Faith program.

I will respect all Huma-Faith Staff and do my best to get along with them.

I will participate in Huma-Faith's Case Management Services when such does not conflict with my job search, work schedule, family/SO visits, or prearranged appointments.

I will do my part to help keep the Bathrooms and Other Areas of the House Clean.

I will do my part to help keep the Outside of the House looking Clean and Presentable.

I will participate in community service projects when such does not conflict with my job search, work schedule, family/SO visits, or prearranged appointments.

I will meet and fulfill my financial obligation (Payment Agreement, Work Therapy, etc.) to Huma-Faith for the duration of my stay in its housing program.

I will participate in acquiring or the purchase of food when I am able to do so and be willing to use my resource for such to contribute to the household. (e.g., Food Pantries, etc.)

Applicant's Initials ()_____



I will participate in the Huma-Faith Work Therapy Program if I'm unable to be financially responsible to pay room & board.

I will upon acceptance into the Huma-Faith program agree to review all policies, procedures, and agreements and indicate my commitment to these by ascribing my signature to these within the first 3-days of my stay and that for any reason I disagree or fail to indicate my agreement to such terms, **I will** either voluntarily vacate the premises or accepted to be discharged from my assigned residence.

By My signature below, I enter into the above agreements and acknowledge that I have read (or have been explained) and understand the above Carnal Rules, General House Rules, and General Agreement and agree to be discharged if I'm found to not be in compliance.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Approved/Accepted by: _____

Approved Signature: _____



GENERAL APPLICATION

1. _____ 2. _____
[Full] Name: Current Address or Unit

3. _____ 4. _____
City: State: Zip Code: Birth Date:

5. _____ 6. _____
Telephone Number: Social Security Number:

7. _____ 8. Do you have a current ID Yes _____ No _____?
E-mail Address:

If yes, indicate which ID's you currently have: Driver's License _____ State ID _____
TDCJ _____ Social Security Card _____ Birth Cert. _____ Passport _____ Green Card _____

9. What is your faith preference? _____

10. Will faith affiliations be a part of your support system? _____

11. Marital Status: [Circle One] Married: Single: Divorced: Separated:

12. Are You a "Veteran" Yes _____ No _____?

If yes, what's your Military MOS: _____

13. Are you now being treated, or have you ever been treated for any type of mental illness?

Yes _____ No _____

Are You Currently Being Treated for This/These Conditions? Yes _____ No _____

If No, Why Not? _____

Are You prescribed Any Medications for This/These Conditions? If Yes, List All Medications and Why They Are Prescribed:

Applicant's Initials () _____

14. Have you ever had, or do you presently have a substance abuse problem, Drugs or Alcohol?
Yes _____ No _____

If Yes, Explain:

15. If the answer to number 13 is yes, how are you currently addressing this problem?
(Have you participated in a recovery program or been treated for this problem?) Explain:

16. Have you ever been convicted of a crime greater than a Class C Misdemeanor?
Yes _____ No _____ If Yes, List your convictions:

17. Are you currently required to register as a Sex Offender? Yes _____ No _____

If yes, attached a separate sheet of paper to this application explaining the nature of your offense and your version of the facts.

18. Are you currently required to wear an Electronic or GPS Monitor? Yes _____ No _____

19. Are you currently (Check all that apply):

_____ Incarcerated _____ On Probation _____ On Parole _____ Homeless

_____ In a Shelter _____ In a Half-Way-House _____ In a Group Home _____ Other

If incarcerated, please indicate the date of your next parole interview or projected release date

_____.

If on parole, probation, or case management, please provide the following information:

Name of Officer/Case Manager: _____

Officer's/Case Manager's contact number or address: _____

Applicant's Initials () _____



20. Do you have a special Trade or Skill? Yes _____ No _____

If Yes, Explain:

21. Do you want to learn a new Trade or Skill? Yes _____ No _____

If Yes, Explain:

22. Highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12, College: 1 2 3 4

Trade or Vocational School: 1 2 3 4

Names of Schools, Addresses & Degrees Received:

23. Do you have any "Special Interest or Hobbies? ": Yes _____ No _____

If Yes, Explain

24. **Employment History:** List the last three Employers you have worked for, begin with most recent:

Name:	Position:	Years:
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Initials () _____

25. Are you presently employed or have alternative source of income? Yes _____ No _____ If so:

Name of Employer _____

Employer's Contact Number: _____

If not employed, what is your source of income? _____

26. What services do you need assistance with (circle as many as you'd like)?

Substance Abuse	Anger Management	Coping Skills (e.g. depression)
Relationship Counseling	New Vocational Skill	Computer Skills
Money Management/Banking	Resume'/Job Interviewing	Grief Counseling
Emotional/Physical Abuse Counseling	Spiritual Counseling/Healing	Handicap Accommodations
		Other: (e.g., Immigration Services, etc.)

All questions below must indicate a "yes" or "no" answer; however, if you desire to provide further explanations, you may do so on the back of this page or attach additional pages.

27. Huma-Faith is a faith-driven program where all faiths and religious preferences are welcomed. We aim to provide an array of services as indicated in this application. Knowing who we are and what we stand for, how will you contribute to your personal growth and to our program? (You may add an additional sheet of paper to this application if necessary)

28. Do you understand that absolutely **NO DRUGS (including alcohol)** are allowed at any of the Huma-Faith housing sites? Yes _____ No _____

29. Do you understand that you will be required to follow and obey the "House Rules" at Huma-Faith? Yes _____ No _____

30. Do you understand that if you can't live within a structured setting, get along with others and obey the rules and regulations, that you will be terminated from this Housing Project?
Yes _____ No _____

31. Do you have the desire, ambition, and drive to want to change your life and better yourself?
Yes _____ No _____

Applicant's Initials _____



32. Do you currently have SNAP benefits: Yes _____ No _____
 a) If no, are you willing to apply for benefits through the Department of Human Services and have Huma-Faith as your authorized agent for the term of your stay at a Huma-Faith house?
 Yes _____ No _____

33. Do you agree to pay a nominal fee for room, board, and other services provided by Huma-Faith?
 Yes _____ No _____

b) If yes, how would you like to pay?

_____ Daily _____ Weekly _____ Bi-Weekly _____ Monthly

34. If for any reason you become able to pay room & board, do you agree to apply for County Welfare or any other Social Service agency to assist you in your payment agreement with Huma-Faith?
 Yes _____ No _____

35. Do you agree and understand that you will be required to be homebound for the first 3-days upon residing with us for the purpose of adjustment and to read, understand, and accept our policies, procedures, and rules (i.e., Orientation)?
 Yes _____ No _____

36. Family/Significant Persons: (must indicate at least one person for emergency purposes)

Name	Phone Number
Next of Kin: _____	_____
Mother: _____	_____
Father: _____	_____
Sibling: _____	_____
Sibling: _____	_____
Sibling: _____	_____
Child: _____	_____
Child: _____	_____
Child: _____	_____
Significant Other: _____	_____
Special Relationship: _____	_____

Applicant's Initials () _____



Which person above would you like for us to contact in case of an emergency?

Do you have any *minor* children? Yes _____ No _____ If yes, list their age and sex.

For Women Only:

Are you pregnant? Yes _____ No _____ If yes, how many months _____

Do you need prenatal care? Yes _____ No _____

Are you presently married or involved with the father? Yes _____ No _____

Are you a recent victim of or fleeing any situation of Domestic violence? Yes _____ No _____

Special Note:

All the information you have supplied in this application is kept completely confidential. We understand the sensitive nature of this data, but there is a specific reason why we have asked these questions. For the most part, it is for your benefit. This information allows us to better evaluate you as an individual, address your specific needs and find out what your goals are.

Applicant's Initials () _____



Medical History

Do you have medical insurance? Yes _____ No _____ If yes, what's the name of your insurance company _____

Do you have a Primary Care Provider? Yes _____ No _____ If yes, what's the name of your physician _____

Physician's Address: _____

Physician's Number: _____

Do you suffer from any Life-Threatening conditions we should know about? Yes _____ No _____

If Yes, Explain:

Are you allergic to anything? Yes _____ No _____

If yes, explain (what are you allergic to):

Do You Have Any Physical Health conditions? Explain:

Are You Currently Being Treated for This/These Conditions? Yes _____ No _____

If No, Why Not? _____

Are You prescribed Any Medications for This/These Conditions? If Yes, List All Medications and Why They Are Prescribed:

Applicant's Initials () _____



Do You Have Any Communicable/Transferable Diseases? If Yes, What? (Examples: HIV/AIDS, Hepatitis)

Have you been tested for Covid-19?
If Yes, when and what was the result? _____

Have you been fully vaccinated for Covid-19? Yes _____ No _____
If yes, when: _____
Are you in possession of your health verifying your Covid-19 vaccination? Yes _____ No _____

Are You Disabled? If Yes, What Are Your Disabilities and Physical/Mental Limitations?

Do You Feel Your Disability/s Are Preventing You from Working? Yes _____ No _____

Will you be applying for Social Security Disability or VA Disability Compensation Benefits (Service Connected or Non-Service Connected) If Yes, Which One? _____

Policies, procedures, and agreements that require my commitment are, but not limited to the following:

- 911 Policy
- Abandonment Procedure
- Alcohol/Drug Test Consent
- Overnight Policy
- Personal Property Policy
- Curfew & Personal Restriction Policy
- Religious policy
- Grievance Procedure
- Marriage Procedure (Women Only)
- Media-Agency Policy
- Medication & Health Procedure
- Payment Procedure
- Policy On Sexual Misconduct
- Residential Living Guidelines
- Visitation Policy
- Work Therapy Policy
- Program Waiver of Liability

Applicant's Initials ()



CLIENT AGREEMENT

My signature below represents that I agree to obey policies, procedures, rules, and regulations set forth by Huma-Faith and that I affirm the information I have supplied in this application is truthful. I understand that I am responsible for my own behavior / actions, and I do understand that I may be immediately terminated from this program if I do not comply.

Applicant's Name: _____

Applicant's Signature: _____

Witnessed by: _____

Witness Signature: _____

Driver License or State Issued ID No: _____

Date: _____

Note: Application must be complete—i.e., responses to all questions and requested information are required for consideration. A copy or image of your official ID will be required prior to or at admission. If able, please provide a copy of your ID with this application. Be advised that this completed application in no way implies or guarantees your acceptance in the program or residency. If accepted, no part of this application or any future agreement constitutes a Landlord-Tenant Agreement. If you are accepted, you'll be considered a client/resident of a program and you must comply with all policies, procedures, and rules to avoid the consequence of immediate discharge and removal of the premises!

Applicant's Initials ()