



Residential Housing Application

Legal name		Date of Birth	Age	Today's Date
Social Security #		Driver's License #		
Present Address			How long at this address?	
Who lives with you at this address other than your children and what is their relationship to you?				
Name			Relationship	
1.				
2.				
3.				
Referring Agency			Referral Person	
Agency Address				
Agency Phone #		Please list a phone # where we may contact you.		
Please list your previous two addresses beginning with the most recent and work back in time.				
Address	From: month/year	To: month/year	Reason for leaving	
1.				
2.				
CHILDREN				
Name	DOB	Age	Legal Guardian	Who Supports?
Please explain why you are applying for transitional housing (i.e. homeless, evicted, in shelter) and what led to these circumstances.				
How do you think you would benefit by living at Hosanna Home?				

DRUG HISTORY

Alcohol problem? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drug problem? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type?
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?				

HEALTH

Please list any history of serious illness:			
List current medical problems and any medication being taken:			
Have you taken drugs not prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Have you ever been involved in counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Where?	
For what issues?			
Have you ever attempted suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe when and how:			

RELIGIOUS BACKGROUND

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

COMMITMENT TO CHANGE

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

CRIMINAL HISTORY

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

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Do you have any pending charges or warrants? Yes No If yes, please describe:

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Are you presently on probation or parole? Yes No If yes, name and phone # of probation officer:

Name:

Phone Number:

EDUCATION

Highest grade completed: Diploma? Yes No School? Date Received?

Did you obtain a G.E.D.? Yes No School? Date Received?

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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What are your goals for the next 12 months?

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How are you going to support yourself and your family financially?

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MARITAL STATUS

Single Married and living with spouse Separated Divorced

Spouse's Name: _____ Address: _____ Phone: _____

Spouses DOB: _____ Employer: _____ Phone: _____

Date married? _____ Date divorced? _____ Your age at 1st 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			
Stepfather			
Stepmother			
Brother(s)			
Sister(s)			

Protective Payee? Yes No Independent Payee? Yes No If yes to either, give name, address & phone of Payee

Name _____ Address _____ Phone _____

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

Dr. _____ Phone _____ Hospital _____ Phone _____

Friend/Relative _____ Phone _____ Medical Insurance _____ Group # _____

License # _____ Make _____ Model _____ Color _____ State of Registration _____

Insurance Company _____ Insurance # _____

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 is a Christ-centered organization 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