



1004 Echo Park Avenue, Los Angeles, CA 90026 (213) 250-9481 (213) 250-9531 fax

www.projectnewhope.org

Application No.: _____
Date: _____
Time: _____
Processed by: _____

Instructions for Head of Household:

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you or which you choose not to answer. **Applications will not be considered unless they are fully completed.**

I. Agency Information

Referring Agency: _____
Contact Person: _____ Title: _____
Telephone (including extension) _____ Fax: _____
Length of time applicant has been in your program _____

II. Application Information

First Name _____ Last Name _____
Address _____
City _____ State _____ Zip Code _____
Contact Telephone _____ Other Contact # _____
Birth Date: _____ Social Security Number (SSN): _____
Email: _____ Primary Language: _____

Marital Status (check one)

- Single Married Divorced Separated Domestic Partner Other

List all household occupants including minors who will be applying with you:

Name	DOB	Gender	Relationship	SSN

Total Number of Persons in Household (including primary applicant) _____

Indicate the bedroom size you are interested in applying for: Zero Bedroom 1-Bedroom 2-Bedroom

III. Eligibility Criteria **Please check all that apply*

Disability

- HIV-Asymptomatic AIDS Mental Health (Diagnosis _____)
 Alcohol/Drug Addiction (Substance _____)





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Current Housing Situation

Homeless Shelter Transitional Housing Rental Housing Living on Streets

Other _____

Briefly describe your current housing situation _____

Income

Household Name	Source of Income	Monthly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total amount of household income \$ _____

IV. Identification

California Driver License (CADL) California Identification Card Disabled Bus Pass Passport
 Out of State Identification Mexican National Identification Other _____

V. Supportive Services

Briefly describe all supportive services (medical, mental health, case management, support groups, recovery services, etc.) you are currently receiving: _____

Applicant Signature _____ **Date** _____

PLEASE RETURN THIS APPLICATION TO:

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