



APPLICANT INFORMATION

Housing Applicant Name: _____

Date of Birth: _____

Our funding helps us provide services for the homeless. Please help us document the current housing situation of the above named applicant. Check all that apply:

- Resides in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings.
- Resides in an emergency shelter.
- Resides in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter.
- Resides in any of the preceding places but is spending a short time (up to 30) consecutive days in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and (s)he lacks the resources and support networks needed to obtain housing.
- N/A

Printed name and phone number of person completing form

Signature of person completing form

Relationship to client: _____ Date: _____