

Catholic Social Services  
Transitional Housing Application  
**Family Data**

Name of referral agency/program: \_\_\_\_\_

Name of case manager: \_\_\_\_\_

Client Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

# of Adults in Household: \_\_\_\_\_ # of children in household: \_\_\_\_\_

Phone: \_\_\_\_\_ personal or contact #? \_\_\_\_\_

Name: (Last, First)	Adults DOB:	SS#:
_____	_____	_____
_____	_____	_____

**Children**

_____
_____
_____
_____
_____
_____

Do you have a car, truck, van or motorcycle?

Make: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**Background Information**

Has anyone in your household ever been to jail or prison? \_\_\_\_\_

If yes, please explain and give date(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is any member of the household a Registered Sex Offender?

\_\_\_\_\_

Has anyone in the household been convicted of a felony? If yes, give details, including date(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Rental History**

Where have you been living recently? \_\_\_\_\_

What was your last permanent address? \_\_\_\_\_

Did you pay rent? \_\_\_\_\_ How much? \_\_\_\_\_

How long did you live there? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Where did you live before that? \_\_\_\_\_

Did you pay rent? \_\_\_\_\_ How much? \_\_\_\_\_

How long did you live there? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

What is the longest time you ever rented one place? \_\_\_\_\_

Explain your living situation at that time:

\_\_\_\_\_

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

How many bedrooms? \_\_\_\_\_ How much rent can you afford? \_\_\_\_\_

Have you had a Housing Choice Voucher? \_\_\_\_\_

If yes, why did you lose it? \_\_\_\_\_

\_\_\_\_\_

Do you currently have a voucher? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, are you on the list? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when do you expect to get it? \_\_\_\_\_

If no, why aren't you on the list? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What obstacles make it difficult to find permanent housing? \_\_\_\_\_

\_\_\_\_\_

Are you saving money for your housing costs? \_\_\_\_\_ If so, how much? \_\_\_\_\_

### **Children**

Are all of your children living with you? \_\_\_\_\_

If no, where are they and why? \_\_\_\_\_

Are any of your children in the custody of the Office of Children Services?

\_\_\_\_\_

If so, name of social worker: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have school age children, where are they currently attending school:

\_\_\_\_\_

### **Adult Relationships**

If you are applying for you and your partner, how long have you been together?

\_\_\_\_\_

If you have a partner, do you and your partner have a history of domestic violence? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Have you ever been to a Battered Women's shelter? \_\_\_\_\_

Have you ever been charged with domestic violence? \_\_\_\_\_

If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

### **Health**

Do you drink alcoholic beverages? \_\_\_\_\_ How much/ how often? \_\_\_\_\_

Do you think you may have a drinking problem? \_\_\_\_\_

If yes, have you been in a Detox program? \_\_\_\_\_

If yes, program name: \_\_\_\_\_

How long have you been in recovery (not using)? \_\_\_\_\_

Do you attend NA/AA support groups? \_\_\_\_\_

Do you take non-prescription drugs? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you think you have a drug problem? \_\_\_\_\_

Have you ever been in a Substance Abuse Program? \_\_\_\_\_

If yes, where and how often? \_\_\_\_\_

Does anyone in the household use any tobacco products? \_\_\_\_\_

### **Income**

Please fill out the amount for each category that applies to the income you receive for all members of the household:

Employment: \_\_\_\_\_ ATAP: \_\_\_\_\_ (how many months used) \_\_\_\_\_

Food Stamps: \_\_\_\_\_ Pensions: \_\_\_\_\_

Alimony: \_\_\_\_\_ Child Support: \_\_\_\_\_

SSI/SSA: \_\_\_\_\_ Disability: \_\_\_\_\_

Permanent Dividend: \_\_\_\_\_

Unemployment: \_\_\_\_\_ Other: \_\_\_\_\_

Total monthly income: \_\_\_\_\_

Do you apply for the Earned Income Tax Credit? \_\_\_\_\_

**Work History**

Are you currently working? \_\_\_\_\_

If yes, name of employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

How long have you been employed at your current job? \_\_\_\_\_

What was your last job? \_\_\_\_\_

Employer's name: \_\_\_\_\_

Why did you leave that job? \_\_\_\_\_

**Attach certificate of completion or other proof of attendance for the Home Sweet Home and Money Smarts workshops (or similar workshop for either subject).**

Rental References

Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_