



New Beginnings Supportive Housing: Application and Intake
Please fill out all sections in full. Failure to do so may result in being ineligible.

Received By: _____ Date: _____

Referral Information: How were you referred to North Shore Horizons?

Referring Agency: _____ Contact Name: _____
Telephone Number: _____ Fax: _____
E-Mail Address: _____

Family Information

Name of Head of Household: _____
Current Residence or Contact Information: _____
Telephone Number: _____ Hours you can be reached: _____
SSN _____ Date of Birth _____
Veteran Status (is anyone in household a veteran of the US military?) YES NO if so please list name and veteran information: _____
Victim of Domestic or Sexual Violence? _____
Length of violent relationship _____
Relationship to abuser _____

Type of Current Residence / Prior Living Situations. List all that apply and dates of when you were there.

24-Hour Shelter: _____
7-7 or evening shelter: _____
Hotel/Motel: _____
Vouchered Hotel/Motel: _____
With Family: _____
With Friends: _____
Living in Car: _____
Living on Streets: _____
Currently Hospitalized: _____
Currently Incarcerated at: _____
Reason for incarceration: _____ Length of stay: _____
Release date: _____ Were you homeless before incarceration? _____
House that you own: _____

Apartment you rent: Subsidized _____ Unsubsidized: _____

Other (please describe): _____

Extent of Homelessness ___ Not currently Homeless ___ 1st Time ___ Multiple Times
___ Long Term ___ Chronically Homeless

Leave any of these in the Past 90 days:

- ___ No
- ___ Drug/alcohol treatment
- ___ Juvenile Detention Ctr
- ___ Mental Health Facility
- ___ Residence for people with physical disabilities
- ___ Adoptive Home
- ___ Foster Home
- ___ Halfway House
- ___ Orphanage
- ___ County jail
- ___ Group Home
- ___ State of Federal Prison

Other Adults In Family:

Name	Gender	Date of Birth	Social Security Number

Number of Children in Current Custody by Head of Household:

Name	Gender	Date of Birth	Social Security Number

Number of Children Not in Head of Household's Current Custody:

Name	Gender	Date of Birth	Location of child	Length of time out of home	Approximate Reunification Date

Previous Rental History

Number of Prior evictions from housing when listed on the lease? _____

Number of prior evictions from housing when not listed on the lease? _____

Number of court ordered Unlawful-Detainers (forcibly removed from housing) _____

Explain reason for any evictions _____

Date of last eviction _____

Applicant has a Section 8 Certificate or Voucher in good standing? _____
 If yes, length of time remaining on cert/voucher? _____
 Issuing authority and/or programs? _____
 Applicant has other rental assistance available? _____
 If yes, describe: _____
 Housing eligibility requirements? _____

Income/Employment History (all adults in household) Please attach verification of income, such as pay stubs for the last month, any Social Services benefits or SSI/RSDI income.

Is applicant currently employed? _____

Where: _____ Hourly Rate: _____

Number of hours per week: _____ how long employed _____

Employment status: Permanent, temporary, seasonal,
 sheltered or program related employment

Other sources of income:	\$	per month
MFIP (Welfare)		
Recipient's name:	\$	per month
State SSI		
Recipient's name:	\$	per month
Social Security		
Recipient's name:	\$	per month
Food Stamps		
Recipient's name:	\$	per month
General Relief		
Recipient's name:	\$	per month
Disability		
Type of Coverage: (Permanent/Temporary)		
Recipient's name:	\$	per month
Worker's Compensation		
Recipient's name:	\$	per month
Length of benefits to date:		
Expected duration: (date)		
Retirement/Pension		
Recipient's name:	\$	per month
Child Support		
Recipient's name:	\$	per month
Other (describe)	\$	per month

TOTAL GROSS MONTHLY INCOME _____ **per month**
GROSS ANNUAL INCOME _____

Student Status:

Are you currently a student? Yes No

If so, are you in school for a GED or college? _____

Are you full time or part time? _____

What school do you attend? _____

Determination of Disability:

Do you consider yourself, or another member of the family, as having a disability?

YES NO

If yes, who has the disability? _____

Has this disability been diagnosed? Yes No

If yes, By whom? _____

(please attach written diagnoses or verification)

If no, why? Circle below.

Have not pursued a diagnosis

Have pursued, but not able to have it diagnosed

Other

What is the disability?

Physical _____

Mental _____

Developmental _____

Chemical Dependency _____

If chemical dependency, answer below questions.

Alcohol Drugs

Currently receiving treatment? YES NO

Date treatment to end: _____

Where are you doing treatment? _____

In-patient _____ Out-patient _____

Have received treatment and in recovery? YES NO

Date when finished last treatment: _____

Place of treatment _____

In-patient _____ Out-patient _____

Have received treatment and not in recovery

Date when finished last treatment: _____

Place of treatment: _____

In-patient _____ Out-patient _____

How long have you been sober or clean? _____

Criminal Justice History

Have you ever been arrested, convicted or charged with any of the following:

Domestic assault

Assault

Robbery

Property damage

Any violent crime

Drugs: ____possession

____distribution/trafficking

____other

Do you currently have any outstanding criminal justice issues?

Outstanding warrants (explain) _____

Bail violations (explain) _____

Outstanding bail conditions (explain) _____

Current convictions awaiting sentencing _____

Sentencing obligations _____

Are there any legal and/or personal matters, which could interfere with your taking possession and maintaining occupancy in this housing community? Explain:

Previous Landlord History: Starting from most recent.

Rental Address: _____

Landlord Name: _____

Landlord Phone Number: _____

Dates lived there: _____

Rental Address: _____

Landlord Name: _____

Landlord Phone Number: _____

Dates lived there: _____

Rental Address: _____

Landlord Name: _____

Landlord Phone Number: _____

Dates lived there: _____

Rental Address: _____

Landlord Name: _____

Landlord Phone Number: _____

Dates lived there: _____

Personal References:

Name: _____

Address: _____

Phone number: _____
Relationship: _____

Name: _____
Address: _____
Phone number: _____
Relationship: _____

Name: _____
Address: _____
Phone number: _____
Relationship: _____

I certify the information in this application is true and correct. I authorize North Shore Horizons staff to contact the sources listed below in this application for the purposes of verifying the accuracy of the information.

Completed By: _____ Date: _____

Thank you for your interest in our supportive housing programs.



North Shore Horizons is A United Way Agency
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