

Coburn Place Safe Haven RESIDENT APPLICATION

Date: _____

Name: _____

Current Address: _____

City, State, Zip: _____

Social Security Number: _____

Date of Birth: _____

Marital Status: Married Separated Single Divorced Widowed

(If you are separated, have you filed for divorce? Yes No)

Race: Black White Hispanic Asian Native American Other

Current place of residence: _____

How long at current residence? _____

Who referred you to Coburn Place Safe Haven?

Name	Phone
------	-------

Agency	Address
--------	---------

Current phone number where you can be reached: _____

Emergency contacts:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a driver's license? Yes No

Do you have an automobile? Yes No

Make / Model of car: _____

License No: _____

Do you have auto insurance? Yes No

FAMILY BACKGROUND

Family members living with you full time:

	<u>Name</u>	<u>Relationship</u>	<u>Age / Sex</u>	<u>Date of Birth</u>	<u>SS#</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Family members with you part time:

- 1. _____
- 2. _____
- 3. _____

Are you the parent of other children not living with you now? Yes No

Name(s)

Age(s)

With whom are the children living? _____

Why? _____

Do you plan for the above children to live with you in the future at Coburn Place? Yes No

Do you have a childcare provider? Yes No

Please give the childcare provider's name, address, phone number, and weekly fee.

Name:

Address:

Phone number:

Weekly fee:

\$ _____

FINANCIAL INFORMATION

Have you filed for or are you currently receiving any assistance from any of the following organizations?

Welfare (TANF) Impact Youth Fare Chance Food Stamps

Please enter the monthly amount(s) disbursed: \$ _____ \$ _____ \$ _____

EDUCATIONAL INFORMATION

Please list the highest grade of school you completed: _____

Did you graduate from high school? Yes No

Did you complete your G.E.D.? Yes No N/A

If you have attended college or technical school, please list when and where:

Are you now or do you plan to become a full time student in the next 12 months? Yes No
What area of interest? _____

Are you currently enrolled in any job training programs through any other organizations?
Yes No

If yes, what organization? _____ Where? _____

HEALTH CARE INFORMATION

Please list all health care providers:

<u>Name</u>	<u>Phone</u>
_____	_____
_____	_____
_____	_____

Are you currently under a doctor's care? Yes No

If yes, specify illness and prescribed treatment:

Have you ever talked to anyone about your nerves, depression or other personal problems?
Yes No If, yes specify the problem and how well it was resolved.

Are you currently taking any medication? Yes No

If yes, please list below:

<u>Name of medication</u>	<u>Mg.</u>	<u>What are you taking it for?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have medical insurance? Yes No

Type: Medicaid Medicare Other _____

Do you or your children have any allergies or medical conditions? Yes No

Please describe:

Is a Doctor/ Therapist seeing you or any of your children regularly? Yes No

Please describe:

Have you been referred to or are you currently participating in any program, groups, or therapy? If yes, please explain.

Please list or describe the things about you that have helped you get through tough times and that have enabled you to get what you wanted in your life. (This could be qualities, strengths, courage, determinations or just a way you found to deal with problems that works you).

Please list or describe some of the people, situations or problems outside of yourself that have kept you from getting what you want or achieving your goals.

Please list or describe some of the ways that you have kept yourself from getting what you want or achieving your goals.

Do you think that anything you listed in your answer to the questions above might make it difficult to achieve your goals at Coburn? Yes No If yes, please describe.

RENTAL HISTORY

Current Living Arrangement:

(Street) (City, State) (Zip Code)

(Contact Name) (Relationship) (Phone #)

Date Moved In: _____ Reason for Moving Out: _____

Previous Living Arrangement:

(Street) (City, State) (Zip Code)

Date Moved In: _____ Reason Moved Out: _____

EMPLOYMENT HISTORY

Are you currently employed? Yes No If not, why?

Please list all employment:

Current employer:

<hr/> Company name	<hr/> Position	
<hr/> Address	<hr/> City, State, Zip	<hr/> Phone
<hr/> Contact Name	<hr/> Type of work	
<hr/> Date Employed	\$ <hr/> Beginning pay	\$ <hr/> Current pay

Previous Employer:

<hr/> Company name	<hr/> Position	
<hr/> Address	<hr/> City, State, Zip	<hr/> Phone
<hr/> Contact Name	<hr/> Type of work	
<hr/> Reason Left	<hr/> _____ to _____ Dates Employed	
<hr/> Date Employed	\$ <hr/> Beginning pay	\$ <hr/> Ending Pay

Past Employer:

Company name

Position

Address

City, State, Zip

Phone

Contact Name

Type of work

Reason Left

_____ to _____
Dates Employed

Date Employed

\$ _____ \$ _____
Beginning pay Ending Pay

LEGAL INFORMATION:

Have you ever been convicted of a crime? Yes No

If yes, please explain:

Do you have any court dates scheduled? Yes No

If yes, please state why and when:

Are you currently on probation? Yes No Parole? Yes No

If yes, please explain:

Please list the name, address and phone number of your probation / parole officer.

List the term of your probation / parole: Started _____ Ends _____

Have any of your children ever been convicted of a crime? Yes No

If yes, please explain:

Have you been referred to or are you currently participating in any of the following:

	<u>Yes</u>	<u>Contact Name</u>	<u>Phone</u>
Vocational Rehabilitation	<input type="checkbox"/>	_____	_____
Marion County Welfare	<input type="checkbox"/>	_____	_____
IMPACT/ JOBS Program	<input type="checkbox"/>	_____	_____
INET	<input type="checkbox"/>	_____	_____
Goodwill Industries	<input type="checkbox"/>	_____	_____
Training Inc.	<input type="checkbox"/>	_____	_____
Other:	<input type="checkbox"/>	_____	_____

Do you have documentation of participation with those agencies? Yes No

Have you applied for Section 8 Housing? Yes No

Are you currently on the Section 8 waiting list? Yes No

Do you owe any money to HUD or Section 8? Yes No

If yes, how much? \$ _____

Have you ever filed bankruptcy? Yes No If yes, when? _____

Please check below if you have ever had counseling and/or treatment for any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Drug abuse only | <input type="checkbox"/> Alcohol abuse only |
| <input type="checkbox"/> Both alcohol and drug abuse | <input type="checkbox"/> Chronic mental illness |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> HIV/ AIDS |
| <input type="checkbox"/> Dual diagnosis | <input type="checkbox"/> Developmental disability |
| <input type="checkbox"/> Long term health problems | <input type="checkbox"/> Depression |

Other, please specify _____

Give a brief description of those you have checked above, including the length of time of any medical or social service intervention used.

Have you or your children ever been involved in any of the following types of counseling?

You Children

- | | | |
|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Crisis intervention |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication monitoring |
| <input type="checkbox"/> | <input type="checkbox"/> | Group psychological |
| <input type="checkbox"/> | <input type="checkbox"/> | Individual psychological |
| <input type="checkbox"/> | <input type="checkbox"/> | Support groups |
| <input type="checkbox"/> | <input type="checkbox"/> | Family counseling |
| <input type="checkbox"/> | <input type="checkbox"/> | Other, please identify: _____ |

Check the services below that you or your children are currently involved with or feel the need to be involved with:

You Children

- | | | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Physical rehabilitation |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing location assistance |
| <input type="checkbox"/> | <input type="checkbox"/> | Parenting skills classes |
| <input type="checkbox"/> | <input type="checkbox"/> | Nutritional counseling |
| <input type="checkbox"/> | <input type="checkbox"/> | Substance abuse treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | Domestic violence counseling |

You Children

- | | | |
|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Money management |
| <input type="checkbox"/> | <input type="checkbox"/> | Household management |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal counseling |
| <input type="checkbox"/> | <input type="checkbox"/> | Other |

Details

APPLICANT'S INCOME / ASSET CERTIFICATION WORKSHEET CHECKLIST

NOTE: ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER ARE REQUIRED TO COMPLETE A SEPARATE APPLICANT CHECKLIST. ALL QUESTIONS MUST BE COMPLETED.

Name:	Telephone Number ()
--------------	--------------------------------

Please check Yes or No

1. Yes No I am self- employed. (List the type of jobs.) _____
2. Yes No I have a job and receive wages, tips, or bonuses. (List the employers you work for.)

3. Yes No I receive assistance with my housing payment from an Agency.
If yes, Agency name: _____
4. Yes No I receive cash contributions or gifts, including rent, utility payments, or bills paid for me on an ongoing basis from persons not living with me.
5. Yes No I receive Veteran's Administration benefits.
6. Yes No I receive National Guard/Military Income.
7. Yes No I receive unemployment benefits.
8. Yes No I receive Social Security.
9. Yes No I receive Supplemental Security Income (SSI).
10. Yes No I receive unearned income from family members ages 17 or under.
(Example: Social Security)
11. Yes No I receive disability or death benefits **other than Social Security.**
12. Yes No I receive Public Assistance (Example: TANF, AFDC) List source _____
13. Yes No I receive child support. If yes, from how many persons do you receive support? _____
14. Yes No I receive alimony.
15. Yes No I receive spousal maintenance.

16. Yes No I receive periodic payments from trust, annuity or inheritance, if yes, from how many sources? _____
17. Yes No I receive periodic payments from insurance policies, if yes, how many policies? _____
18. Yes No I receive periodic payments from retirement funds or pensions, if yes, how many funds or pensions? _____
19. Yes No I receive periodic payments from lottery winnings.
20. Yes No I am a student full or part-time, at an institute of higher learning, (above high school level) **and** receive financial assistance. "Financial assistance" includes Pell grants, work study programs, scholarships, grants, GI Bills, or assistance from private sources (example parents, grandparents). (Please circle the assistance you receive.) *Note: Financial assistance does not include loans.*
- a) Are you 24 or older with a dependent child? Yes No
- b) Will you be residing with your parent(s)? Yes No
- NOTE: If 'yes' is checked to one of the above, this income does not apply.)

ASSET INFORMATION - Head of household must include assets of minors.

***CASH VALUE: Remaining balance after all costs incurred for converting the asset(s) to cash have been subtracted. (Example: broker's fee, mortgage balances, and closing costs are subtracted from the sale price of real estate. Penalties for early withdrawals are subtracted from CD's and IRA's)**

21. Yes No I own real estate. (provide description) _____
22. Yes No I own a mobile home. (provide description) _____
23. Yes No I own rental property. (provide description) _____
24. Yes No I have an IRA / Lump Sum Pension / Keogh Acct / 401(K).
(provide description) _____ Cash Value _____
25. Yes No I have whole life or universal life insurance policy(ies), if yes, how many policies? _____ (These policies can be cashed in for money. If yours can't be cashed in for money, please answer "no".) Cash Value _____
26. Yes No I have revocable trusts, if yes, how many trusts? _____
Cash Value _____
- | | | |
|-------------------------------------|----------|-------|
| * Cash Value | Interest | Acct. |
| <small>Six Month</small> | | |
| <small>Average for Checking</small> | | |
27. Yes No I have a checking acct(s).
- | | | | |
|---------------|------------|------------|---------|
| Bal. \$ _____ | Rate _____ | Bank _____ | # _____ |
| Bal. \$ _____ | Rate _____ | Bank _____ | # _____ |
| Bal. \$ _____ | Rate _____ | Bank _____ | # _____ |

28. Yes No I have a saving acct(s).
Bal. \$ _____ Rate ___ Bank _____ # _____
Bal. \$ _____ Rate ___ Bank _____ # _____
Bal. \$ _____ Rate ___ Bank _____ # _____

29. Yes No I have certificate(s) Of deposit. (CDs)
Bal. \$ _____ Rate ___ Bank _____ # _____
Bal. \$ _____ Rate ___ Bank _____ # _____
Bal. \$ _____ Rate ___ Bank _____ # _____

30. Yes No I have Treasury Bills.
Bal. \$ _____ Rate ___ Source/Bank _____ # _____

31. Yes No I have savings bonds.
Bal. \$ _____ Rate ___ Source/Bank _____ # _____

32. Yes No I have an annuity(ies).
Bal. \$ _____ Rate ___ Source/Bank _____ # _____

33. Yes No I have stocks.
Bal. \$ _____ Rate ___ Source/Bank _____ # _____

34. Yes No I have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date: _____

35. Yes No I have income or assets from sources other than those listed above. (List type below.)

***CASH VALUE: Remaining balance after all cost incurred for converting the asset(s) to cash have been subtracted. (Examples: Broker's fees, mortgage balances, and closing costs are subtracted from the sale price of real estate; penalties for early withdrawals are subtracted from CD's and IRA's).**

36. Yes No Are you now or do you plan to become a full time student in the next 12 months?

37. Yes No Were you a full time student sometime during the past 12 months?

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE, ACCURATE AND COMPLETE. I further authorize you and direct any Federal, State, or local agency, organization, business or individual to release information to verify my application for residency based on a copy of this authorization. I agree that previous or current information regarding my household may be needed. Verifications and inquiries that may be requested, include but are not limited to: identity and marital status, child support alimony, employment, income and assets, credit and criminal custody. This authorization will stay in effect for four years from the date signed.

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

PRINTED NAME OF APPLICANT: _____ **DATE** _____

SIGNATURE OF APPLICANT: _____ **DATE** _____

NE/MO/IN, Rev. 6/07

Please review this application again to make sure that you have responded to each and every question that has been asked of you. Failure to do so will result in delays in processing your application as it will be viewed as incomplete.

It is my understanding that this application to Coburn Place Safe Haven is a preliminary step and in no way obligates Coburn Place Safe Haven or its agents.

My signature appears below to fully authorize the Coburn Place Safe Haven staff and its agents to investigate my legal past credit histories for the purpose of determining approval or disapproval of my application.

I have full understanding of the program rules and regulations contained herein and do hereby agree to abide in full. I understand that all rules and regulations will be strictly enforced and that failure to meet this requirement will result in immediate termination from the Coburn Place Safe Haven program and release of program housing.

I hereby certify that all of the information is true and accurate to the best of my knowledge. I do fully understand that to enter false information with the intent to mislead or to shield the trust shall be viewed as fraud and will void this application and my participation in the Coburn Place Safe Haven program.

Applicant Signature

Date

Staff Signature

Date

Rev. 11/07