

VISION HOUSE Residential Housing Application

Legal name	Date of Birth	Age	Today's Date	
Present Address	Driver's License #			
		How long at this address?		
Select the program that you are applying for: <input type="checkbox"/> Family Program <input type="checkbox"/> Men's Recovery Program				
*Social Security number will need to be provided prior to entry into housing program. (Not required at this time)				
Who lives with you at this address other than your children and what is their relationship to you?				
Name		Relationship		
1.				
2.				
3.				
Referring Agency		Referral Person		
Agency Address				
Agency Phone #		List a phone # where we may contact you.		
Please list your previous three addresses beginning with the most recent and work back in time.				
Address	From: month/year	To: month/year	Reason for leaving	
1.				
2.				
3.				
CHILDREN				
Name	DOB	Age	Legal Guardian	Who Supports?

Please explain why you are applying for transitional housing (i.e. homeless, evicted, in shelter) and what led to these circumstances.

How do you think you would benefit by living at Vision House?

DRUG HISTORY

Alcohol problem? Yes No Drug problem? Yes No Type?

How long clean and sober? Days Months Years

How many times have you been in treatment? When was the last time?

Are you currently involved in a 12-step recovery program? Yes No

What changes have you made to ensure your sobriety?

HEALTH

Please list any history of serious illness:

List current medical problems and any medication being taken:

Have you taken drugs not prescribed by a physician? Yes No If yes, please explain:

Have you ever been involved in counseling? Yes No If yes, when? Where?

For what issues?

Have you ever attempted suicide? Yes No If yes, describe when and how:

CRIMINAL HISTORY

Please list ALL criminal arrests, convictions and sentences and the month/year of these incidents:

Do you have any pending charges or warrants? Yes No If yes, please describe:

CRIMINAL HISTORY

Are you presently on probation or parole? Yes No If yes, name and phone # of probation officer:

Name:

Phone Number:

EDUCATION

Highest grade completed: Diploma? Yes No School? Date Received?

Did you obtain a G.E.D.? Yes No School? Date Received?

EMPLOYMENT

Please list your last three employers starting with the most recent and working back in time.

Employer and Address	Type of Work	From mo/yr	To mo/yr	Reason for Leaving

Employer and Address	Type of Work	From mo/yr	To mo/yr	Reason for Leaving

What has been your total gross income to date for this year?	\$	Previous year's income	\$
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What are your goals for the next 12 months?

How are you going to support yourself and your family financially?

MARITAL STATUS

Single Married and living with spouse Separated Divorced

Spouse's Name: Address: Phone:

Spouses DOB: Employer: Phone:

Date married? Date divorced? Your age at 1st marriage:

of prior marriages? Do you currently have a boyfriend/girlfriend? Yes No

If yes, name: Address: Phone:

RESIDENCE

Birthplace:

How long have you lived in Washington?

If you have relocated to the Seattle area within the past year, please explain the reason for your move:

FAMILY

Name

Address

Phone #

Supportive of You?

Father

Mother

Stepfather

Stepmother

Brother(s)

Sister(s)

Protective Payee? Yes No Independent Payee? Yes No If yes to either, give name, address & phone of Payee

Name

Address

Phone

In Case of Serious Accident, Illness or Emergency, notify:

Dr.

Phone

Hospital

Phone

Friend/Relative

Phone

Medical Insurance

Group #

License #

Make

Model

Color

State of Registration

Insurance Company

Insurance #

MILITARYHave you ever served in the military? Yes No If yes, please describe:**Home Record (where mail can always be direct in case you move)**

Name

Address

Phone

Relationship to you

Applicant represents that all of the above information is true and complete and authorizes Vision House to verify the information and references. Any false information given may be grounds to terminate any housing agreement entered into. Applicant also understands that the housing being applied for is alcohol and drug-free and that any such use will result in immediate termination of housing.

Applicant Signature

Date