

OUR HOUSE

Family Housing Application

General Information

Last Name	First Name	MI
Social Security Number	Gender	
Date of Birth: (Ex:MM/DD/YYYY)	Age	
List all members of household that will be residing at Our House below (excluding yourself)		
Name	SS #	DOB
Rental History (prior to Our House)		
Previous address:	City, State, Zip:	
Date you moved in:	Date you left:	Rent amount:
Reason for leaving:		
Previous address:	City, State, Zip:	
Date you moved in:	Date you left:	Rent amount:
Reason for leaving:		
Credit History		
Have you ever been evicted from a rental residence?	Yes or No	
Have you had two or more late rental payments in the past year?	Yes or No	
Do you have past due utilities payments?	Yes or No	
Employment		
Are you currently employed?	Yes or No	How long have you worked there?
Name of employer:	Occupation/Job Title:	
Average number of hours worked per week:	0-10 10-20 20-30 30-40 40+	
Current pay rate:	Frequency: weekly bi-weekly bi-monthly monthly	
Job Duties:		
Employment History		
Place of last employment:	Occupation/Job Title:	
Average number of hours worked per week:	0-10 10-20 20-30 30-40 40+	
Employment Dates	From:	To:
Pay Rate	From:	To:
Job Duties:		

Income/Expense related questions:		
Please list all monthly income under the appropriate source.		
Source	Monthly Amount	
Employment		
Other regular income-circle one (SSI/SSDI, Child Support, Alimony, etc.)		
Other regular income (list source)		
Total current monthly income:		
Please list all monthly public assistance under the appropriate source.		
Food Stamps:	TEA:	Medicaid:
WIC:	Work Pays:	Veteran Benefits:
Other (please list with amount):		
Please list all monthly expenses under the appropriate source.		
Car Payment:	Car Insurance:	Cell Phone:
Child Support:	Fines:	Legal Fees:
Other (please list with amount):		
Total current monthly expenses:		
Additional Information		
Please briefly describe your need to move into Family Housing:		
Please briefly describe your long term plan including how long you plan to stay at Our House:		
Please briefly describe some of the goals you will work towards while living in Family Housing:		

I certify that the information provided here is correct. I understand that deliberately providing incorrect information can result in this application for Family Housing being denied.

Signed _____ **Date** _____

Privacy Policy: We collect personal information only when appropriate. We may use or disclose your information to provide you with services or to comply with legal and other obligations. By signing, you agree to allow us to collect information and to use or disclose it as described. You can inspect personal information about you and ask us to correct inaccurate or incomplete information.

For office use only:	TABE Test Complete: Y / N	Savings up to date: Y / N
	Free from Financial write ups: Y / N	Negative Drug Test: Y / N