

HOUSING APPLICATION

PERSONAL INFORMATION

Full Name _____

Current Address _____

City _____ State _____ Zip _____

Phone _____

Age _____ DOB _____ Are you a smoker? _____ Yes _____ No

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated

If married, How long? _____ Spouse's Name _____

Number of Children _____

Children's Name and Age:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Emergency Phone _____

EDUCATION AND WORK HISTORY

Highest Grade Completed _____

H.S. Diploma _____ G.E.D. _____

College (Years Completed) _____ Degree? _____

Trade School or Certifications _____

Work Skills and/or Abilities (List any skills, trades or previous work experience you may have)

RELIGIOUS INFORMATION

Name of your Church _____

Personal Pastor's Name _____

DRIVING RECORD

Do you have a valid drivers license? ___ Yes ___ No State _____

PERSONAL MEDICAL HISTORY

Do you have a history of substance abuse? ___ Yes ___ No

If so, what was your drug(s) of choice? _____

When is the last time you used any drugs or alcohol? _____

Do you have any previous history with seizures? ___ Yes ___ No

If so, please explain? _____

Please list any emergency allergies we should be aware of: (bee stings, peanuts, etc)

Have you ever been diagnosed or treated for the following:

DID/Dissociative Disorder _____ ADD _____ ADHD _____ Schizophrenia _____

Bi-Polar Disorder _____ Personality Disorder _____

Other Mental Health Diagnosis:

Have you recently attended or been a resident of an inpatient treatment program?

Yes _____ No _____

If so, please list program name: _____

Did you graduate _____ Yes _____ No Graduation/Future Date: _____

Do you have any chronic medical conditions? (Heart disease, diabetes, epilepsy, respiratory problems, hepatitis, tuberculosis, thyroid, etc?)

Please list any current prescribed medications:

Date of last physical _____

Current Doctor's Name _____ Phone# _____

Is there a chance you could be pregnant? _____

Current Medical Insurance (if any) _____

LEGAL INFORMATION

Are you currently on:

_____ Parole _____ Probation _____ under Bond _____ Court Ordered

If so, for what and how long? _____

Are you a convicted felon or do you have pending felony charges? _____ Yes _____ No

Are you under the First Offender Act: _____ Yes _____ No

Please explain _____

Parole/Probation Officer _____

Address _____

City _____ State _____ Zip _____

Phone _____

Are you scheduled to be in court or attend any hearings within the next 12- 18 months?

_____ Yes _____ No

Where? _____ When? _____

Do you have the following?

Social Security Card - Yes____ No____

Birth Certificate - Yes____ No____

Valid Picture ID - Yes____ No____

Current Bank Account - Yes____ No____

Personal Transportation - Yes____ No____

ADDITIONAL INFORMATION

How did you hear about Clemmie's House? _____

Have you ever served in the US Military? _____ Yes _____ No

Dates of Military Service _____ Rank _____

Personal Reference Letter

Please use the space below to tell us a little about yourself and how Clemmie’s House could support your future plans for success?

Signature: _____ Date: _____