

HOUSING APPLICATION (v. 2023)

PERSONAL INFORMATION

Full Name _____

Current Address _____

City _____ State _____ Zip _____

Are you homeless or about to become homeless? ____ Yes ____ No

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 _____

High School 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)

Occupational Interests _____

Last Employer Contact Informational

RELIGIOUS INFORMATION

Spiritual/Religious Affiliations _____

Personal Pastor's Name _____

DRIVING RECORD

Do you have a valid driver's 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 seen or do you see a Psychiatrist or Professional Consultant? _____ Yes _____ No

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: _____

PERSONAL MEDICAL HISTORY-Continued

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: _____

Please forward application to:

Inside Ministries

Attn: Marilyn Weidenaar

7150 Burnside Court

Villa Rica, GA 30180

If you have any questions, please call Marilyn at her cell number 712-541-3733.