



## The House of HOAP Resident Application Information

*This application is used to determine how The House of HOAP can best assist you and provides The House of HOAP with information necessary to offer adequate support and the assistance that is available to you. The questions within this application are included solely as a means of connecting you with the programs that best suit your unique needs. Please know that none of the below answers will jeopardize your eligibility for assistance.*

Date \_\_\_\_\_

General Information
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_

Name of child: \_\_\_\_\_

Child's D.O.B. \_\_\_\_\_ Child's S.S. # \_\_\_\_\_

Highest grade completed: Circle 6 7 8 9 10 11 12 13 14 15 16 17

Name of School and Address: \_\_\_\_\_

Are you a U.S. citizen? Y or N Alien Registration Number: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Military Information
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Have you served in the U.S. Armed Forces? Y or N If so, which branch? \_\_\_\_\_

Dates of services in the Armed Forces: \_\_\_\_\_

Are you a Veteran affiliate Y or N?



### Background Information

Have you ever been convicted of a crime? Y or N If so lists the conviction(s) and date(s):

\_\_\_\_\_

Please list each city and state for each conviction: \_\_\_\_\_

\_\_\_\_\_

Do you have any charges pending Y or N If so, explain \_\_\_\_\_

\_\_\_\_\_

Are you currently on probation? Y or N

Name of probation Officer \_\_\_\_\_ Phone number \_\_\_\_\_

Have you ever been involved with CPS Y or N If so when? \_\_\_\_\_ Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Family History

Are your parents still living? Y or N If not, dates of decease: \_\_\_\_\_

Is either of your parents incarcerated? Y or N If so, list which parent: \_\_\_\_\_

Has either of your parents ever been incarcerated? Y or N If yes, lists the reason and who if different from previous question: \_\_\_\_\_

Are your parents married? Y or N If no, were they ever married? Y or N

If your parents are no longer married, when did they divorce? \_\_\_\_\_

How many siblings do you have? \_\_\_\_\_

### Rental History

Have you ever rented on your own? Y or N

If so, name and phone of previous landlord: \_\_\_\_\_

Have you ever been evicted? Y or N If so, how many evictions have you had? \_\_\_\_\_

If applicable, list dates of evictions: \_\_\_\_\_



Do you still owe monies Y or N if so, how much? \_\_\_\_\_

Assessment Information
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How did you hear about HOAP, Inc.? \_\_\_\_\_

Are you over 18 years of age or a legally emancipated minor? Yes or No

If no, who is your legal guardian? Name \_\_\_\_\_

Contact Number: \_\_\_\_\_

Have you ever been in foster care? Y or N If so, please list dates: \_\_\_\_\_

Please describe your current living situation (where have you been living most recently and what is the status of the situation)?

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Is it safe to stay in this living situation while your participation into The House of HOAP is determined? Yes or No

Please explain why you are interested in HOAP, Inc.?

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Please describe the types of assistance and support you would like from HOAP? \_\_\_\_\_

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Please describe any questions or concerns you have about HOAP, Inc., which we can we can discuss when we meet?

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What is your monthly gross income? **List all sources of income including child support, disability, stipends, etc.**

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What other agencies or organizations are you receiving assistance from?

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List and describe any special needs or conditions you may have that we should be aware of regarding your residency at House of HOAP?

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**Office Use Only**

**Recommended for HOAP? Yes or No**

**If yes name and date of referral:** \_\_\_\_\_

**Date and place of initial assessment?** \_\_\_\_\_

**Date accepted/ Move in date?** \_\_\_\_\_

**If no, reason?** \_\_\_\_\_

**Is applicant eligible to re-apply? Yes or No**

**If no, why?** \_\_\_\_\_

**Other referrals or assistance given?**

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