



## Home Again Housing Application

### **SECTION 1: HEAD OF HOUSEHOLD INFORMATION** (Primary person on lease)

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_  
**Current Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Disabling Condition:** ( ) No ( ) Yes **Gender:\*** ( ) Male ( ) Female ( ) Other  
**Ethnicity:\*** ( ) Hispanic ( ) Non-Hispanic  
**Race:\*** ( ) American Indian/Alaska Native ( ) Asian ( ) Black/African American  
( ) Native Hawaiian/Pacific Islander ( ) White ( ) Other

\*Ethnicity, Race and Gender questions are for gathering statistical information only – answers have no bearing on application status

### **SECTION 2: HOUSEHOLD INFORMATION - FAMILY COMPOSITION**

**Please list ALL persons who wish to occupy this housing unit together:**

| Relationship To Head of Household | Last name | First name | Date of Birth mm/dd/yy | Gender (M/F/O)* | Race / Ethnicity* | Social Security Number |
|-----------------------------------|-----------|------------|------------------------|-----------------|-------------------|------------------------|
|                                   |           |            |                        |                 |                   |                        |
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List household members on this application who are Veterans: \_\_\_\_\_

Does anyone in this household receive Veteran benefits? ( ) No ( ) Yes (If yes, explain) \_\_\_\_\_

Does anyone in this household have a Disabling Condition that may require special unit accessibility or unit modification? ( ) No ( ) Yes (If yes, explain) \_\_\_\_\_

Do you have legal custody or guardianship of all minor children listed? ( ) No ( ) Yes

(Documentation will be required if selected for housing.)

I understand that all adults will be expected to submit to a drug screening prior to acceptance into a HH Housing program and if accepted, to random drug testing as seen fit by HH staff. \_\_\_\_\_ (Please initial)

### **SECTION 3: HOUSING HISTORY**

**Current living situation:** (Select One)

- ( ) Emergency shelter, transitional housing, motel (Where? \_\_\_\_\_)
- ( ) Renting with a private landlord (Name of Landlord: \_\_\_\_\_)
- ( ) Renting through a subsidized housing program (Explain: \_\_\_\_\_)
- ( ) Staying with family or friends (How much do you pay them monthly? \_\_\_\_\_)
- ( ) Place not meant for habitation (e.g. a vehicle, an abandoned building, outside, etc.)
- ( ) Other (Explain: \_\_\_\_\_)

**How long have you been staying at this location?** (Check One)

- ( ) one week or less ( ) more than one week, but less than one month ( ) one to three months
- ( ) more than three months, but less than a year ( ) one year or longer

**Last permanent address where you felt stable:** (This may be your current living situation)

Residence Type (Owned Home, Rental Home, Shared Home with Family/Friend): \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Left: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Have you ever been homeless?** ( ) No ( ) Yes

If yes, when was the last time? \_\_\_\_\_

How many times have you experienced homelessness within the last 3 years? \_\_\_\_\_

**How many evictions have the adults of this household received altogether?** \_\_\_\_\_

**Do you currently owe any past landlords?** ( ) No ( ) Yes (If yes, explain with amounts owed)

**List the last 3 landlords where you have had a lease:**

1. Landlord Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Address of rental where you lived: \_\_\_\_\_



## **SECTION 5: EMPLOYMENT HISTORY**

### **Head of Household:**

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Hiring Date: \_\_\_\_\_  
Average Number of Hours per Week: \_\_\_\_\_ Average Gross Monthly Pay: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

### **Second Household Adult:**

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Hiring Date: \_\_\_\_\_  
Average Number of Hours per Week: \_\_\_\_\_ Average Gross Monthly Pay: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## **SECTION 6: TRANSPORTATION**

Does anyone in the household own a vehicle (legally in their name)? ( ) No ( ) Yes

If yes, list the make, model, color and driver of each:

\_\_\_\_\_  
\_\_\_\_\_

Monthly Payments on each: \_\_\_\_\_

Name of Auto Insurance Company: \_\_\_\_\_

**Note:** To keep vehicles on HH properties, proof of a valid driver's license, current insurance and a valid registration will be required.

## **SECTION 7: CRIMINAL HISTORY**

Has any member of your household ever been arrested? ( ) No ( ) Yes (If yes, explain)

1. Who: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Charges: \_\_\_\_\_ Was there a conviction? Yes  No

2. Who: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Charges: \_\_\_\_\_ Was there a conviction? Yes  No

3. Who: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Charges: \_\_\_\_\_ Was there a conviction? Yes  No

Is any member of your household currently on probation/parole? ( ) No ( ) Yes (If yes, explain)

Does criminal background limit your employment possibilities? ( ) No ( ) Yes

Does criminal background limit your housing options? ( ) No ( ) Yes

Is anyone in the household registered as a sex offender? ( ) No ( ) Yes (If yes, explain)

Have there been any domestic violence incidents within your home? ( ) No ( ) Yes

If yes, when was the last time? ( ) Within past 3 months ( ) 3 to 6 months ago ( ) 6-12 months ago ( ) over a year

How has this been resolved? \_\_\_\_\_

## **SECTION 8:**

Supportive Housing programs like this one offer valuable services to benefit those who participate. Please initial all of the services you are interested in taking advantage of to invest in your family's future.

\_\_\_\_\_ Case Management for goal setting and accountability

\_\_\_\_\_ Weekly classes covering various Life Skills topics

\_\_\_\_\_ Referrals for other requested/needed resources within the community

List two people and their phone numbers who can be contacted for references (not relatives):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION:**

(All adults listed in this housing application must sign this form)

I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information will disqualify my/our family from being considered for housing with Harvest House. I/We hereby authorize Harvest House to verify all information within this application, including criminal background checks, employment verification and reference checks. It is understood that the information obtained will be kept confidential and will only be used in connection with this application for housing.

\_\_\_\_\_  
Head of Household Signature Date

\_\_\_\_\_  
Head of Household Printed Name

\_\_\_\_\_  
Other Adult Signature Date

\_\_\_\_\_  
Other Adult Printed Name

\_\_\_\_\_  
Other Adult Signature Date

\_\_\_\_\_  
Other Adult Printed Name

**Applications may be submitted:**  
In person at 2680 Chester Ave, Sarasota, FL 34234  
By mail to 3650 17<sup>th</sup> Street, Sarasota, FL 34235 Attn: Housing Manager  
By fax to 941-260-9962  
By email to [housing@harvesttab.com](mailto:housing@harvesttab.com)

**OFFICE USE ONLY**

Application received in office on \_\_\_\_\_ Is it complete? ( ) Yes ( ) No

Notification Made By: \_\_\_\_\_ Date: \_\_\_\_\_