



New Hope for Women

P.O. Box A
Rockland, ME 04841
207-594-2128

Transitional Housing Application

We ask that you are completely honest when filling out this application. We will not necessarily deny your application based on criminal, substance abuse or housing history but we may, however, deny it if the information you give us is falsified. Thank you!

Applicant Information			
First Name		Last Name	
Middle name	Any names you were previously know by		
Date of Birth		Social Security Number	
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where are you currently staying (address)?		
City		State	Zip Code
Staying with friends or family?	How long can you stay?		Do you own a vehicle?
Driver's License Number	Phone Number: Is it safe to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alternate Phone Number
We will eventually need copies of birth certificates and social security cards for you and any children living with you as well as your photo ID. Do you have these documents? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Abuser Information (If more than one, please use back)				
First Name		Last Name		M/F
Current Address				
City		State	Date of Birth	
Do you have or have you ever had a PFA against this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, effective dates _____ to _____		If no, do you want a PFA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant's Children (If more room is needed, please use back)

Child's Name:

Date of Birth	Social Security Number	M/F
Child's Father's Name	Primary Residency/Custody: <input type="checkbox"/> Self <input type="checkbox"/> Dad <input type="checkbox"/> Shared <input type="checkbox"/> DHHS/CPS <input type="checkbox"/> Other	

Child's Name:

Date of Birth	Social Security Number	M/F
Child's Father's Name	Primary Residency/Custody: <input type="checkbox"/> Self <input type="checkbox"/> Dad <input type="checkbox"/> Shared <input type="checkbox"/> DHHS/CPS <input type="checkbox"/> Other	

Child's Name:

Date of Birth	Social Security Number	M/F
Child's Father's Name	Primary Residency/Custody: <input type="checkbox"/> Self <input type="checkbox"/> Dad <input type="checkbox"/> Shared <input type="checkbox"/> DHHS/CPS <input type="checkbox"/> Other	

Child's Name:

Date of Birth	Social Security Number	M/F
Child's Father's Name	Primary Residency/Custody: <input type="checkbox"/> Self <input type="checkbox"/> Dad <input type="checkbox"/> Shared <input type="checkbox"/> DHHS/CPS <input type="checkbox"/> Other	

Do your children have visitation with their father(s)? If yes, where does visitation take place?

Are there current custody issues or concerns? If so, please describe.

Financial and Housing Information

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?	Highest level of education completed
Are you receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount:	Are you receiving SSI or SSDI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount:	
Are you receiving WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount:	

Is there a child support order in effect and are you receiving it? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount:	Any other income?
Have you ever applied for Section 8 or another voucher program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one? When?
Have you ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Please describe and share who the landlord was, where you were living and when this occurred.

Court Information	
Have you ever been the defendant of a PFA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?
Do you have any upcoming court dates? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when? What is the matter?
Have you been arrested or convicted of a crime in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe the nature of your arrest and/or conviction.

Medical Information		
Do you or your family have special medical needs? If yes, please describe.		
Have you ever struggled with alcohol or drug abuse? If yes, have you received professional treatment? When, and with whom?		
Do you or your children have any mental health diagnosis? If so, do you see a counselor or psychiatrist?		
Please list all prescription medications. Use back of sheet if necessary.		
Name of family member	Medication	Purpose
Name of family member	Medication	Purpose
Name of family member	Medication	Purpose
Name of family member	Medication	Purpose

Goals

Please list your immediate goals beyond finding housing.

Please list five goals you would like to achieve in the next 12-24 months.

1.

2.

3.

4.

5.

General Information

Please describe yourself, your family history, and your relationship with the person (or persons) who have abused you.

Do you have family and/or friends who are supportive? What are your other support systems?

What are your specific safety concerns?

Other than the apartment, what appeals to you about our transitional housing program?

What do you need or expect from the New Hope for Women staff to make this program work for you?

What other information would like to share that may help us process your application?

References		
Please list at least two landlord references (and two work references, if applicable) that New Hope for Women may contact regarding your application. If none, please list personal references.		
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

I attest that the information contained in this application is true and complete to the best of my knowledge. I understand that submitting false information may result in the denial of my application.

I understand the program guidelines, and agree to follow the guidelines if I am accepted into the transitional housing program.

I give permission for a New Hope for Women advocate to contact me regarding this application using the contact information I have provided on this form.

Signature

Date

In order to process your application we ask that you check off the first three agencies as they are essential to communicate with when processing your application. The others we ask you to check off if you feel communicating with them will help us process your application.

WRITTEN CONSENT FOR DISCLOSURE OF INFORMATION

I, _____, hereby give
(name)

the following people or agencies permission to release information to crisis advocates at NEW HOPE FOR WOMEN and New Hope for Women permission to discuss my case with :

___ Maine State Housing Authority _____

___ Community Housing of Maine _____

___ C + C Realty _____

___ Knox County Homeless Coalition _____

___ Mental Health Agency and/or Psychiatrist _____

___ Substance Abuse Counselor/Agency _____

___ Department of Health and Human Services _____

___ Other Domestic Violence Project/Shelter _____

___ Police/Sheriff Department/Probation officer _____

___ Lawyer _____

___ Other _____

The following information may be shared and is limited to the information:

I understand that I may withdraw my consent in writing at any time unless action has already taken place.

Signature

Date