



**Transitional Housing Application – To be completed by family**

*Please answer all questions to the best of your ability. It may be difficult to determine program eligibility if application is incomplete. You may have another person assist you in the completion of this application. You may also contact Shelter Care Ministries for additional assistance.*

**FAMILY INFORMATION**

Name/Adult Head of Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name/Additional Adult in Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship between adults:  Married  Separated  In a relationship  Other \_\_\_\_\_

Number of children currently in household who would stay with you in Transitional Housing: \_\_\_\_\_

Number of children under the age of 18 and in someone else's custody: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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Due to the size of available apartments; we may not be able to accept all families.

**HOUSING INFORMATION**

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

Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check housing type:  Emergency Shelter  Hotel being paid for by agency  Hotel paid by self

Institution  Fleeing Domestic Violence  Transitional Housing  Residing with Family/Friends

In own place, but being evicted  On the streets or camping  In a vehicle  Other/ Please explain:

\_\_\_\_\_

How long have you been living in your current living situation? \_\_\_\_\_

How much longer can you stay? \_\_\_\_\_

How did you initially become homeless? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this the first time you've experienced homelessness? \_\_\_\_\_

If not, how many times have you been homeless in the past? \_\_\_\_\_

Please explain those circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What has prevented you from renting your own home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What steps have you taken to change your living situation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If accepted into the transitional housing program, what would you plan to accomplish? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ If yes, how many times? \_\_\_\_\_

Have you ever been evicted from public housing? \_\_\_\_\_ Do you owe money to ANY Housing Authority? \_\_\_\_\_

Amount? \_\_\_\_\_ Have you set up a payment plan? \_\_\_\_\_

Have you recently applied for public housing? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have any unpaid utility bills? \_\_\_\_\_ If yes, please list the bill and amount owed:

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**EMPLOYMENT/EDUCATION**

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_

Permanent Full-time       Permanent Part-time       Temporary Part-time

Temporary Full-time       Self-employed

Employment Income: \_\_\_\_\_  Per Week     Every Two Weeks     Per Month

Are you seeking employment? \_\_\_\_\_

Is your spouse/significant other currently employed? \_\_\_\_\_ Where? \_\_\_\_\_

Permanent Full-time       Permanent Part-time       Temporary Part-time

Temporary Full-time       Self-employed

Employment Income: \_\_\_\_\_  Per Week     Every Two Weeks     Per Month

Is your spouse/significant other seeking employment? \_\_\_\_\_

Please indicate what best describes your level of education:

Less than 9<sup>th</sup> Grade     9<sup>th</sup>-10<sup>th</sup> Grade     11<sup>th</sup>-12<sup>th</sup> Grade     High School Diploma     GED

Some College       Associates Degree     Bachelors Degree       Masters Degree

Please indicate what best describes your spouse/significant other's level of education:

Less than 9<sup>th</sup> Grade     9<sup>th</sup>-10<sup>th</sup> Grade     11<sup>th</sup>-12<sup>th</sup> Grade     High School Diploma     GED

Some College       Associates Degree     Bachelors Degree       Masters Degree

**CHILDREN'S EDUCATION**

Do all of your school age children attend school regularly? \_\_\_\_\_

How many times has your child(ren) changed schools in the past 3 years due to homelessness? \_\_\_\_\_

If your children are NOT in school, please provide the following:

When was the last time your child attended school? \_\_\_\_\_

What is the reason they are not currently attending? \_\_\_\_\_

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**INCOME/BENEFITS**

What benefits are you or a family member currently receiving?

TANF       GA/Township       Unemployment       WIC       SSI/SSDI       Death Benefits

Other      Please specify: \_\_\_\_\_

Total monthly cash income from all sources for all family members: \_\_\_\_\_

**FAMILY/FRIENDS**

Is any member of the family a Veteran? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Have you or a family member been involved in an incident of domestic violence? \_\_\_\_\_

When did this last occur? \_\_\_\_\_ Is there a current threat to you or a family member? \_\_\_\_\_

Is anyone in the household either mentally or physically disabled (you are not required to disclose this information and it is NOT grounds for denial of services)?

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

Is any member of the household restricted on where they can live due to health issues, probation / parole, or sex offender status? \_\_\_\_\_

Specify the restriction: \_\_\_\_\_

Which of the following best describes your support network of family and/or friends?

- Very supportive, they assist me with all my needs.
- Supportive, I have friends/family that will help me when they can.
- Not very supportive, my friends and family can't or are unwilling to help me much.
- I have no support.

Is there any other information you feel would help in determining acceptance into Transitional Housing?

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

I certify that the above information is true and complete. I also certify that I have no subsequent residence identified after leaving my current housing. I currently lack the resources and support networks to obtain other housing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Printed name and signature of person completing application if other than applicant(s):

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Applications will be accepted and reviewed when there is an anticipated opening in the Transitional Housing program within 14 days. Applications will be kept on file for 30 days. If your current living situation changes and applications are again being accepted, you are encouraged to submit a new application. Please check the Shelter Care Ministries website [www.shelter-care.org](http://www.shelter-care.org) for up to date information about program openings.

Applications may be returned in person or by mail to 412 N. Church St. Rockford, IL 61103, or 218 7<sup>th</sup> St. Rockford, IL 61104, via e-mail to [sparker@shelter-care.org](mailto:sparker@shelter-care.org), or by fax to 815-986-1358. **Applications will be accepted until Thursday, November 14<sup>th</sup> at 12:00 PM.** Please call ahead if you plan to drop off your application at the 7<sup>th</sup> St. office. Hours vary and the office could be closed.