SHARED HOUSING PROGRAM MEMBERSHIP APPLICATION

PROGRAM DISCLOSURE (Read Before Completing)

I understand that this application is for membership in an **independent living supportive shared housing program**. I can manage my daily activities without physical assistance. I understand that **no personal care or assisted living services** are provided with monthly fees.

☐ **I understand the above statement**
(Do not complete this application if you have questions about this statement.)

Referral Agency: _____
(Shelter, agency, or hospital name)

Name of Referrer: _____
(person you spoke with at above referral agency)

PARTICIPANT INFORMATION

Your Name:

First _____ Middle _____ Last _____ Suffix _____

Current Living Situation (check one): ☐ Homeless shelter ☐ Group Home

☐ Nursing Home ☐ Parents ☐ Grandparents ☐ Sister ☐ Brother ☐ Friend

☐ Other: _____

Current Address: _____

City _____ State _____ Zip _____

Last 4 of SSN: _____

Best Phone Number: (_____) _____–_____

Email Address: _____

Date of Birth: ____ / ____ / _____ **Age:** _____

Gender: _____

Primary Language: ☐ English ☐ Spanish ☐ Other: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Employment Status:

☐ Employed ☐ Seeking Employment ☐ Not Seeking Employment ☐ Other: _____

Employer: _____

Employer Address: _____

Hours Worked Per Week: _____

Typical Workdays: _____

Normal Working Hours: _____

Monthly Earned Net Income: _____

Other Monthly Net Income: (SSI, SSDI, Social Security, VA, etc.) _____

Where will the funds come from to pay the housing program fees? (check all that apply): ☐ SSI ☐ SSDI ☐ Social Security ☐ Retirement account ☐ Employee Salary ☐ Family Member ☐ VA benefits ☐ Other: _____

What website will likely be used to send payments? (cash is not accepted):

☐ Zelle ☐ PayPal ☐ Website Payment

☐ Personal bank account/online bill pay website ☐ Other: _____

Preferred Membership Term: ☐ 1–3 Months ☐ 4–6 Months ☐ 7–9 Months ☐ 10–12 Months ☐ 1+ Years

How Soon Are You Looking to Move? ____ / ____ / _____

Emergency Contact Name and phone number: _____
(If none, write "hospital")
Relationship: _____

Do you have a vehicle to park on the property? ☐ Yes ☐ No

Are you a sex offender? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If you answered yes to the felony or sex offender question, please provide year of incident and details.

_____

_____

_____

_____

Probation or Parole Status: _____

Probation/Parole Officer Name & Phone number: _____

Do you smoke? ☐ Yes ☐ No **Do you drink alcohol?** ☐ Yes ☐ No

Food allergies: _____

Favorite Color(s): _____

Favorite Food(s): _____

Favorite Restaurant: _____

Favorite TV Show: _____

Favorite Movie: _____

Favorite Actor/Actress: _____

Favorite Book: _____

Favorite Music Genre: _____

Favorite Singer/Band/Group: _____

Favorite Past Time/Hobby: _____

Typical Sleeping Hours: _____

Preferred Area of Georgia to Live: _____

Instagram Name: _____

Facebook Name: _____

Additional Information you would like to provide:

_____

_____

_____

PROGRAM AGREEMENT

By checking "Agree," I understand that I am applying to become a member of an **independent living supportive shared housing program**. Completing this form **does not guarantee placement**. If approved and upon signing the membership agreement:

- I agree to pay the one-time **$100 non-refundable cleaning fee**.
- I agree to pay the monthly fees which will cover **my bed and all utilities**.
- I agree to follow all **house rules and expectations**. (provided before signing membership agreement)
- I understand that violating rules may result in **immediate dismissal from the program and immediate removal from the home**.

☐ **AGREE** *(If you do not agree or understand, do not complete this application.)*

SIGNATURE

I certify that the information provided is accurate.

Applicant Signature: _____ **Date:** ____ / ____ / ____

Please email the completed 4 page application to: apply@housingsolutionsforeveryone.com

See the FAQs on our website for any questions. www.housingsolutionsforeveryone.com

Additional questions? Feel free to call us at 678-736-5590