



HOUSING PROGRAM MEMBERSHIP INTAKE ASSESSMENT

PROGRAM DISCLOSURE (Read Before Completing)

I understand that this application is for membership in an **independent co-living 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.) _____

Means of Payment (check all that apply): SSI SSDI Social Security Retirement
 Savings Employee Salary Family Member VA Other: _____

Likely Method of Payment (cash not accepted): Zelle PayPal Website Payment

Bank Bill Pay 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: _____

(If none, write "hospital")

Relationship: _____

Phone Number: (_____) _____-_____

(if none write 911)

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: _____

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 co-living housing program**. Completing this form **does not guarantee placement**. If approved, 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**.
- 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