



## Hope House for Families Program Application

1033 East 26<sup>th</sup> Street

Erie, PA 16504

(814)456-8073

Date Given : \_\_\_\_\_ Date Returned: \_\_\_\_\_ Interview Dates: \_\_\_\_\_

Applicant Contact Numbers: \_\_\_\_\_

Location of current temporary residence: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Maiden or other name(s) ever used: \_\_\_\_\_

Co-Applicant Full Name: \_\_\_\_\_

Maiden or other name(s) ever used : \_\_\_\_\_

### FAMILY INFORMATION

Complete the following information for every person who you plan to have entering the EUMA Hope House for Families Program and living in the apartment with you. **Copies of all forms of identification must be shown for all family members: Social Security Cards, Birth Certificate, photo ID.**

Family Member Name	Social Security Number	Birth Date	Race	Ethnicity	Sex	Relationship To Head of Household	Education Level
						<b>SELF</b>	

Name as appears on Driver License	State Issued	License Number

### HOMELESS SITUATION

**Please circle the option that best describes your current living situation:**

- |  |                                      |                    |                          |              |
|--|--------------------------------------|--------------------|--------------------------|--------------|
| Homeless Shelter                       | Personal Vehicle                     | Eviction Pending   | Eviction Likely          | Outside      |
| All together with relatives or friends | Scattered among relatives or friends | Changes Day to Day | Sleeping in Public Areas | Other: _____ |

**Please briefly explain the cause(s) of your current living situation:** \_\_\_\_\_

**INCOME INFORMATION**

Provide information on ALL household income. Proof of income must be provided: copies of check stubs, income statements from Welfare or Social Security etc.

Family Member Name	Source of Income	Frequency	Amount

**VEHICLE INFORMATION**

List any vehicles you own. Provide registration, title, insurance.

Make	Model	Color	Year	License Plate

**DEBT INFORMATION**

Please give the total amounts for any of the following debts: Credit Check release completed and signed.

Gas : \$ _____	Electric: \$ _____	Phone: \$ _____	Water: \$ _____
Sewer: \$ _____	Fines: \$ _____	Credit Card:\$ _____	Cash Loans: \$ _____
Past Landlords: \$ _____	Other _____ \$ _____	Other _____ \$ _____	Other _____ \$ _____

**BANK INFORMATION**

Please provide bank information for all members of the household:

Bank Name	Name(s) on Account	Type of Account	Date Opened	Current Balance

**EDUCATION BACKGROUND**

Please fill in the following information for all family members.

Family Member Name	Highest Grade Completed	Current School	Current Grade	Estimated Date of Graduation

**OTHER AGENCY INVOLVEMENT**

Please provide the following information for any agency you are currently receiving services from.

Agency Name	Service Provided	Family Member Receiving Service	Case Worker/ Contact Name and Number	Date Service Began

**MEDICAL INFORMATION**

Please provide the following for all family members. **Provide copy of all medical/insurance cards.**

Family Member Name	Doctor Name and Number	Current Chronic Illnesses	History of Illnesses	Current Treatment/ Prescriptions

**MENTAL HEALTH INFORMATION**

Please provide the following for all family members.

Family Member Name	Doctor/ Counselor Name and Number	Current Mental or Behavioral Disorder	History of Mental or Behavioral Disorder	Current Treatment/ Prescriptions

**CRIMINAL BACKGROUND**

Please provide the following for all family members. **Criminal background release form completed for each member of the household over the age of 18.**

Family Member Name	Arrest Date	Reason for Arrest or Ticket	Formal Charges	Conviction Date	Sentence Received

**DRUG AND ALCOHOL HISTORY**

Please provide the following for all family members.

Family Member Name	Type of Use or Dependency	Date(s) of Use or Dependency	Location and Type of Treatment Received if Any	Current Status of Use or Dependency

**DOMESTIC RELATIONS BACKGROUND**

Fill out the following information for all children if both parents will not be entering the program.

Child's Name	Father's Name	Mother's Name	Detailed Description of Custody Arrangement and Visitation Status

Please fill out the following information for all adults in the household.

Adult Name	Marital Status	Current Spouse/ Significant Other	Ex Spouse/ Significant Other	Description of ANY History of Domestic Violence

**EMERGENCY CONTACT INFORMATION**

Please provide information for a close friend or family member we should contact in case of an emergency, particularly someone who could care for your children if needed.

Name	Relationship to your family	Work or Cell Number	Home Number	Address

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Is anyone in the household a veteran? YES NO

If yes, please give rank, branch and dates of service: \_\_\_\_\_

Is anyone in the household in need of a handicap accessible unit? YES NO

If yes, please describe the handicap: \_\_\_\_\_

Has anyone in the household EVER been hospitalized for a severe mental health episode? YES NO

If yes, please describe the incident and the date: \_\_\_\_\_

Has anyone in the household **EVER** had a history of violent behavior against themselves, others or personal property? YES NO

If yes, please explain: \_\_\_\_\_

Has Crisis Services **EVER** been called for anyone in your household? YES NO

If yes, please describe the incident: \_\_\_\_\_

Has anyone in the household **EVER** been arrested for or convicted of a drug related crime? YES NO

If yes, please explain: \_\_\_\_\_

Has anyone in the household **EVER** been convicted of a felony? YES NO

If yes, please explain: \_\_\_\_\_

Has anyone in the household **EVER** been in prison for any reason? YES NO

If yes, please explain: \_\_\_\_\_

Has anyone in the household **EVER** had a Protection From Abuse Order in place or feel they may currently need one? YES NO

If yes please explain: \_\_\_\_\_

What are you hoping to achieve by participating in the EUMA Hope House for Families Program?

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

What help do you think EUMA Hope House for Families Program has to offer your family?

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

I (we) certify that all of the information I (we) provided in this application is true and accurate to the best of my (our) ability. I (we) understand that falsifying any information or leaving out information will make our family ineligible for the EUMA Hope House for Families Program. We also understand that lying about any information in order to be accepted into the program would result in an immediate expulsion from the EUMA Hope House for Families Program. We acknowledge that EUMA Hope House staff will verify any information we provide.

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

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_