



GENESIS OUTREACH, INC.
 2605 GAY STREET / FORT WAYNE, IN 46803
 O: (260) 744-2800
 F: (260) 744-2811
 genesisoutreach.org

PROMISING PARTNERSHIPS HOUSING APPLICATION

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ DATE OF BIRTH _____

SPOUSE'S NAME _____ SOCIAL SECURITY # _____

CONTACT # _____ TODAY'S DATE _____

AGENCY REFERRAL YES _____ NO _____ IF YES, WHO? _____

MARITAL STATUS MARRIED _____ SINGLE _____ SEPARATED _____ DIVORCED _____

CHILDREN'S NAME	DATE OF BIRTH	AGE	GENDER	SOCIAL SECURITY #

MEDICAL

FAMILY PHYSICIAN _____ CONTACT # _____

CURRENT MEDICATIONS _____

REASON FOR MEDICATIONS _____

LEGAL

LEGAL SITUATION _____

CURRENT STATUS _____

SUBSTANCE ABUSE

DO YOU HAVE A SUBSTANCE ABUSE ISSUE? YES _____ NO _____

SUBSTANCES USED

ALCOHOL COCAINE CRACK DEPRESSANTS HEROIN

HALLUCINOGENS STIMULANTS OPIATES MARIJUANA PCP

METH OTHER _____

MOST RECENT TREATMENT _____ LENGTH OF TREATMENT _____

EMPLOYMENT

EMPLOYMENT STATUS F/T _____ P/T _____ UNEMPLOYED _____

EMPLOYER _____ CONTACT # _____

SUPERVISOR'S NAME _____ RATE OF PAY \$ _____

SCHOOL

SCHOOL STATUS F/T _____ P/T _____ NONE _____

SCHOOL _____ COURSE OF STUDY _____

EXPECTED COMPLETION DATE _____ HS DIPLOMA OR GED YES _____ NO _____

INCOME

ARE YOU RECEIVING ANY OF THE FOLLOWING? (YR / MO / WK)

AFDC \$ _____ SSI / SSD \$ _____

WORKMAN'S COMP \$ _____ FOOD STAMPS \$ _____

CHILD SUPPORT \$ _____ UNEMPLOYMENT \$ _____

EMPLOYMENT \$ _____ **TOTAL INCOME (YR / MO / WK)** \$ _____

DO YOU HAVE A BANK ACCOUNT? CHECKING _____ SAVINGS _____ OTHER _____

BANK NAME _____ ACCT(S) TOTAL BALANCE \$ _____

PROGRAM HISTORY

HAVE YOU EVER BEEN IN A HOMELESS OR TRANSITIONAL PROGRAM? YES _____ NO _____

IF YES, WHERE? _____ CASE MANAGER _____

WHAT GOALS DID YOU ACCOMPLISH WHILE YOU WERE IN THE PROGRAM?

QUESTIONS

Why are you seeking housing from the promising partnerships permanent supportive housing program?

What goals would you like to accomplish while participating in the Program?

How do you plan to accomplish these goals?

DO YOU NEED ASSISTANCE WITH ANY OF THE FOLLOWING?

___ PARENTING ___ CHILD CARE ___ BUDGETING ___ NUTRITION ___ EDUCATION
___ JOB SKILLS ___ TRANSPORTATION ___ HOUSE KEEPING ___ COUNSELING ___ CLOTHING
___ ADDICTION SERVICES OTHER _____

DO YOU HAVE ANY PAST DUE UTILITY BILLS OR RELATED HOUSING DEBTS? YES _____ NO _____

UTILITY	AMOUNT OWED

I affirm that the information I have provided is true and complete and understand that any false information could result in termination of housing and services offered to me by the Program. Should I get accepted into the program, I agree to abide by all program guidelines.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

DOCUMENTATION NEEDED FOR HOUSING PROGRAM

In addition to completing this application, you must also provide all the documentation below that applies to you and your household.

- Proof of Income (if working, we'll need paystubs for last 30days)
- Proof of Food Stamps
- Proof of TANF (If Applicable)
- Proof of Child Support (If Applicable)
- Proof of out of pocket medical expenses (print out from physician or pharmacy)
- 3 months of bank statements if you have checking or savings account
- Picture ID for anyone in household 18yrs or older
- Copies of all household members birth certificates
- Copies of all household members social security cards

OFFICE USE ONLY

APPLICANT ACCEPTED YES _____ NO _____ IF NO, WHY? _____

MOVE-IN DATE _____ UNIT ADDRESS _____

NOTES

