

# Families In Residence with Support in Transition

## Application for FIRST

Write NA in the space if a question doesn't apply to your situation.

Date \_\_\_\_\_

Head of Household: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Other names used: \_\_\_\_\_ Other names: \_\_\_\_\_

Address where you are currently receiving mail: \_\_\_\_\_

Phone/Message #: \_\_\_\_\_

Who (name & agency) referred you to Project FIRST? \_\_\_\_\_

What county and state have you most recently been a resident of? \_\_\_\_\_

Where are you staying now? \_\_\_\_\_ Since when? \_\_\_\_\_

Check all the reasons that have contributed to your homelessness.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> eviction               | <input type="checkbox"/> economic problems       | <input type="checkbox"/> family disruption/breakup             |
| <input type="checkbox"/> domestic violence      | <input type="checkbox"/> employment problems     | <input type="checkbox"/> de-institutionalized (jail/treatment) |
| <input type="checkbox"/> relocation             | <input type="checkbox"/> medical issues/accident | <input type="checkbox"/> drug/alcohol related issues           |
| <input type="checkbox"/> loss of gov't benefits | <input type="checkbox"/> legal issues            | <input type="checkbox"/> mental health related issues          |

List all children, whether in the household or not:

| Name →       |            |            |            |           |            |
|--------------|------------|------------|------------|-----------|------------|
| Male/Female  | M / F      | M / F      | M / F      | M / F     | M / F      |
| Custody      | Yes / No   | Yes / No   | Yes / No   | Yes / No  | Yes / No   |
| Reunif. Plan | Yes No n/a | Yes No n/a | Yes No n/a | Yes No na | Yes No n/a |

What barriers do you see in obtaining housing on your own at this time? \_\_\_\_\_

What community would you want to find housing? \_\_\_\_\_

How many bedrooms are needed? \_\_\_\_\_

What special accommodations are needed in your housing unit? \_\_\_\_\_

Is there any other information you want the FIRST Application Review Committee to consider? \_\_\_\_\_

I certify that the information of this application is true and correct to the best of my knowledge. I hereby authorize any duly appointed agent of FIRST to verify this information, and to present all relevant information to the application review committee for the purpose of determining admission to the Project FIRST.

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

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

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Project FIRST does not discriminate on the basis of race, color, religion, age, gender, national origin, disability, marital status, veteran status or any other classification protected by federal, state or local law.