



Gardens at Greenup Referral/Application Form

Referral Agency or Person: _____ Contact Information: _____

Name of Applicant: _____ DOB: _____

Name of Co-Applicant (if applicable): _____ DOB: _____

Phone Number: _____ Alternate Number: _____

Email Address: _____

Child Info: _____ School/Daycare: _____ DOB: _____

Child Info: _____ School/Daycare: _____ DOB: _____

Child Info: _____ School/Daycare: _____ DOB: _____

Child Info: _____ School/Daycare: _____ DOB: _____

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Child Info: _____ School/Daycare: _____ DOB: _____

Are you currently pregnant? Yes _____ No _____ Due Date: _____

Number of bedrooms requested: _____ **The number of bedrooms requested may not be available.*

Current Living Situation: _____

Reason for Homelessness (if applicable): _____

Length of time Homeless: _____

Current County of Residence: _____

In 1-2 sentences explain your self-sufficiency goal.

How will you put yourself in a position to provide all your family's needs? Are you planning to get a degree or trade, fix your credit, purchase a home, work in a specific industry, etc.?

Name of Applicant: _____

Income: Employment \$ _____ TANF/KTAP/OWF \$ _____ Child Support \$ _____
 Food Stamps/SNAP \$ _____ Unemployment \$ _____ Other Income \$ _____
 SSI Disability \$ _____

SSI Recipient: _____ Disability: _____

Applicant's Employer: _____

Spouse/Partner Employer: _____

Single Married Divorced Widowed

What is the relationship like with child(ren)'s other parent? _____

Who is in your support network? _____

Are there any drug or alcohol issues? Yes _____ No _____ Alcohol Drugs

If "Yes", please explain: _____

Treatment: _____

Any Mental Health or Physical Health challenges? Mental Health Physical Health

Explain: _____

Treatment: _____

Agency/Provider Name: _____

Have you had a previous eviction? Yes _____ No _____

Month/Year: _____ Property Name/Location: _____

Reasons for evictions: _____

If "Yes" were you ever evicted from Section 8? Yes _____ No _____

Do you owe money to ANY Section 8 project or subsidized housing agency? Yes _____ No _____

Amount? _____

Last permanent address? _____

Reason for leaving? _____

Number of places lived in last year: _____ Last 5 years: _____

Name of Applicant: _____

High School Diploma or GED? Yes _____ No _____

If "No" Intervention Attempt: _____

Post-Secondary Education? Yes _____ No _____

Is "Yes" what degree, certificate or skill area: _____

Completed? Yes _____ No _____ Completion Date/Expected Completion Date? _____

Do you own a vehicle? Yes _____ No _____

If "Yes", Make/Model/Color: _____

Custody Disputes? Yes _____ No _____

If "Yes", Explain: _____

Are your child(ren) facing any challenges in school/daycare? Yes _____ No _____

If "Yes", Explain: _____

Any Child Protective Services Involvement? Yes _____ No _____

If "Yes", Explain: _____

Any safety/legal concerns or criminal history? Yes _____ No _____

If "Yes", please explain: _____

Is there anything concerning that would show on a drug screen or background check? (This does not mean placement will not occur) Please Explain:

STAFF USE ONLY

Staff Name: _____

Referral Received Date: _____

Application Status: Approved Denied

If Denied, reason explained: _____