



HOUSING APPLICATION FORM

OUR MISSION IS TO PROVIDE A SECURE AND COMPASSIONATE ENVIRONMENT
FOR FAMILIES EXPERIENCING HOMELESSNESS.
THROUGH OUR HOUSING ASSISTANCE AND SPIRITUAL GUIDANCE, WE
EMPOWER FAMILIES TO RECONSTRUCT THEIR LIVES!

• Applicant Information

Full Name: _____ Spouse's Full Name: _____
Date of Birth: ____/____/____ Gender: _____ Date of Birth: ____/____/____ Gender: _____
Current Address: _____
City: _____ Postal Code: _____ Phone Number: _____
Email Address: _____ Status: ☐ Single ☐ Married ☐ Divorced
Child's Name: _____ Child's Age: _____ Child's Name: _____ Child's Age: _____
Child's Name: _____ Child's Age: _____ Child's Name: _____ Child's Age: _____

• Employment & Income

Employer Name: _____
Occupation / Job Title: _____
Monthly Income: _____ Work Phone: _____

• Rental History

Current Landlord Name: _____
Landlord Phone: _____ Current Rent Amount: _____
Reason for Leaving: _____

Previous Address (if applicable): _____

• Emergency Contact

Name: _____
Relationship: _____
Phone: _____

• Additional Questions

Have you ever been convicted of a sex offense? _____
Have you ever been convicted of domestic violence? _____

• Declaration

I confirm that the information in this application is accurate and complete.
I understand that false information may lead to application denial.

Applicant's Signature: _____ Date: _____