**Shove House Apartment Application**

*\*This application is supplemental to the Dorm Application\**

|  |  |  |
| --- | --- | --- |
| Received by: | Date: | Time: |

*Eligibility Requirements:*

* *Applicant must be in active Mental Health and/or Chemical Dependency services at Okanogan Behavioral HealthCare and in compliance with all recommended treatment;*
* *Applicant must have proof of US citizenship or be lawfully in the US with no immigration holds;*
* *Applicant must demonstrate a commitment to a clean and sober lifestyle and is required to provide a UA sample when applying plus a minimum of 1x each month while residing;*
* *Applicant must be medically stable and demonstrate an ability to live and function independently;*
* *Applicant must verify income at or below 30% of the area median income, and provide income documentation;*
* *Applicant must be chronically homeless as defined by HUD: disabled adult due to mental illness or substance abuse, homeless for more than one year, or experiencing 4 or more episodes of homelessness in the previous 3 years;*
* *Applicant’s criminal background check(s) must not include a conviction for commercial drug operation, the manufacturing, delivering or possession of controlled substances with intent to deliver, a conviction for a violent offense, or sexual offense.*

**Referral Information** *\*if other than OBHC*

|  |  |
| --- | --- |
| Referring Agency: | Contact Name/Number: |

**Applicant Information**

|  |  |
| --- | --- |
| Full Name:*(First, Middle, Last)* | OBHC Client ID: |
| Date of Birth: | Social Security Number:*(optional)* |
| Phone Number(s):*(Include good times to be reached)* | Last known permanent address:*(Street, City, County, State and Zip)* |

**Income/Employment**

*Are you currently employed?*

[ ]  Yes; hours/week: \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No

[ ]  Don’t know

[ ]  Refused

*If yes, please complete the following information.*

|  |  |
| --- | --- |
| Monthly Gross Income: | Yearly Gross Income: |

**Other Sources of Income**

|  |  |  |  |
| --- | --- | --- | --- |
|  | $ Per Month |  | $ Per Month |
| Supplemental Security Income (SSI) |  | Unemployment Benefits |  |
| Supplemental Security Disability Income (SSDI) |  | Medicaid |  |
| Social Security |  | Disability |  |
| Food Stamps |  | Worker’s Compensation |  |
| General Public Assistance |  | Retirement/Pension |  |
| Temporary Assistance for Needy Families (TANF) |  | ADATSA |  |
| Veteran’s Benefits |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Veteran’s Health Care |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Summary of Homelessness**

*Are you a disabled adult due to mental illness or substance abuse?*

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Refused

*Have you been homeless for more than one year?*

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Refused

*Have you experienced 4 or more episodes of homelessness in the past 3 years?*

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Refused

*If yes, please complete the following information.*

|  |  |
| --- | --- |
| Date Range | Witness |
| From | To |  |
| From | To |  |
| From | To |  |
| From | To |  |

**Criminal Justice History**

*Have you ever been arrested and convicted of the following? Check all that apply:*

[ ]  Domestic assault

[ ]  Assault

[ ]  Robbery

[ ]  Property damage

[ ]  Violent crime

[ ]  Drug possession

[ ]  Distribution/trafficking

[ ]  Sexual offense

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Don’t know

[ ]  Refused

*Do you currently have any outstanding criminal justice issues? Check all that apply:*

[ ]  Outstanding warrants

[ ]  Bail violations

[ ]  Outstanding bail conditions

[ ]  Current convictions awaiting sentencing

[ ]  Sentencing obligations

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Don’t know

[ ]  Refused

*I certify the information in this application is true and correct. I authorize Okanogan Behavioral HealthCare’s The Shove House to contact the sources listed in this application for the purposes of verifying the accuracy of the information.*

|  |  |
| --- | --- |
| Applicant Name: | Date: |
| Signature: |

|  |  |
| --- | --- |
| Witness Name: | Date: |
| Signature: |