



TRANSITIONAL HOUSING PROGRAM APPLICATION

7 Whatney, Ste. B • Irvine, CA 92618

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In order to be considered for program participation, applicants must submit this application, completed in its entirety, prior to a phone interview. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** In addition, you must attach photocopies to this application of all of the items listed below.

Please include the following information for each adult along with the completed Transitional Housing application:

- Current California Driver’s License Proof of income, employment or past employment (2 pay stubs)
- Social Security Card (for all people living in the home including the children.)
- Current credit report (a free one can be obtained online at www.annualcreditreport.com)
- Eviction Notice Restraining Orders Court Orders (custody, child support, etc.)
- Current vehicle registration Proof of vehicle insurance

Date: _____ Referred by: _____

FAMILY PROFILE

1st Adult Name _____ Phone # _____

Date of Birth _____ SS # _____

Driver License # _____ Marital Status _____

Previous address: _____
(Street, city, state, zip)

2nd Adult Name _____ Phone # _____

Date of Birth _____ SS # _____

Driver License # _____ Marital Status _____

COMPLETE FOR ALL CHILDREN/DEPENDENTS OF APPLICANT

_____	_____	_____
Name & Relationship	Sex & Date of Birth	SS#

_____	_____	_____
Name & Relationship	Sex & Date of Birth	SS#

_____	_____	_____
Name & Relationship	Sex & Date of Birth	SS#

CURRENT HOUSING SITUATION

- Hotel/motel (List who is paying for hotel: _____) Living with family/friends
 - Emergency Shelter/Transitional Housing Other _____
- How long have you been homeless? _____

1. Has your family ever been evicted? Yes No Reason: _____



- a. Please list the date(s) of your eviction(s): _____
- b. Do you owe a landlord past rent? Yes No
2. How many times has your family moved in the last 3 years? _____
3. How long have you resided in Orange County? _____ In California? _____
4. Do you have extended family in Orange County? Yes No Relationship _____
5. Do you have extended family in California? Yes No Relationship _____
6. Is your family on a HUD or Section 8 housing list? Yes No
7. Were you in a shelter or transitional housing program in the past? Yes No (If no, skip next question.)
8. Name of shelter/transitional housing program: _____
 - a. Date(s): From _____ To _____

EDUCATION

Highest completed grade in school for each adult:

Name (1 st Adult)	Grade Level completed
Name (2 nd Adult)	Grade Level Complete

List current grade level for each child:

Name / Age	Current Grade
Name / Age	Current Grade
Name / Age	Current Grade
Name / Age	Current Grade

EMPLOYMENT

Please note: Employers will not be contacted

1st Adult:

1. Are you employed? Yes No If unemployed, for how long? _____
2. What was the cause of the unemployment? _____
3. Employer's Name _____ Job Title _____
4. Address _____ Phone Number _____
5. How long have you been there? _____ Supervisor's Name _____
6. Rate of Pay _____ Hours per week _____ Chance of Advancement? Yes No
7. Previous Employer _____ How long were you there? _____
8. Rate of Pay _____ Hours per week _____



2nd Adult:

1. Are you employed? Yes No If unemployed, for how long? _____
2. What was the cause of the unemployment? _____
3. Employer's Name _____ Job Title _____
4. Address _____ Phone Number _____
5. How long have you been there? _____ Supervisor's Name _____
6. Rate of Pay _____ Hours per week _____ Chance of Advancement? Yes No
7. Previous Employer _____ How long were you there? _____
8. Rate of Pay _____ Hours per week _____

Please list all forms of income and the amounts you receive:

Sources of Income	Name	Name	Name	Name
Indicate the amount of GROSS income per household member (monthly or weekly)				
Earned income	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
SSI/SSDI/SDI/Social Security	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$
CalWorks/Cash Aid	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Worker's Comp	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Spousal Support	\$	\$	\$	\$
Self-Employment Profits	\$	\$	\$	\$
General Relief	\$	\$	\$	\$
Other (rental income, student aid...)	\$	\$	\$	\$
Total Each Column	\$	\$	\$	\$



FINANCES

1. Does anyone else pay any or all of your bills? Yes No
 - a. If yes, who and what are they paying? _____
2. Do you have a savings account at this time? Yes No If yes, what is the balance? _____
3. The Transitional Housing program requires that you save a percentage of your net income while you are in the program. To accomplish this you may need to give up cable, fast food and other restaurants, quit smoking, etc. Do you foresee any problem meeting the savings requirement? Yes No
4. Do you have any other accounts in your name at this time (i.e.: pension, 401k, stocks, bonds, annuities, certificates of deposit, etc.) and what are the balances? Yes No Balance _____
5. Are you current with your state and federal taxes? Yes No
 - a. If not, how much do you owe? _____ Are you making payments? _____
6. Do you owe current or back child support? Yes No If yes, how much? _____
7. Have you ever filed for bankruptcy? Yes No If yes, explain _____
8. List all of your monthly payment requirements such as credit card payments, car payments, etc. Include money owed to utility companies, student loans, etc.

AUTOMOBILE

1. Do you have an automobile? Yes No
 - a. What is the year, make & model? _____
 - b. What is the condition of the car? _____
2. Do you own the car? _____
 - a. If not, who owns this vehicle? _____
 - b. Whose name is on the registration? _____
3. Is this car financed? _____
 - a. What is the monthly car payment? _____
 - b. What is the name of the finance company/bank? _____
 - c. Are you current with this payment? Yes No If not, how much do you owe? _____
4. Do you have auto insurance? Yes No (If yes, please submit proof of insurance)
 - a. How much is the monthly insurance payment? _____

MISCELLANEOUS

1. Do you have a storage unit? _____ What is your monthly payment? _____
 - a. Are you current on your payments? Yes No
 - b. If not, how much do you owe? _____
 - c. What are you storing? _____



2. Do you have childcare established?
 - a. Where is the location? _____ How much do you pay? _____
 - b. Do you receive any childcare subsidies? Yes No
If yes, who do you receive assistance from? _____
3. Are you able/willing to perform cleaning to maintain your residence in good condition? Yes No
4. Do you have any pets? Yes No If yes, please list: _____
5. If you and the father/mother of your children are estranged, do you currently have an open child support case with the District Attorney? Yes No If not, please explain:

SUBSTANCE USE HISTORY

1. Does any member of your family have a history of:
 - a. Smoking? Yes No If yes, name(s) of family members: _____
 - b. Alcohol Abuse? Yes No If yes name(s) of family member(s) _____
 - c. Drug Abuse (i.e. marijuana, cocaine, heroin, LSD, methamphetamines, etc.) If yes, name(s) of family member(s) _____
2. If yes to any of the above, is/are the family member(s) in recovery and sober/clean? If yes, how long? _____
3. Are you willing to take a drug test to enter the Transitional Housing Program? Yes No

DOMESTIC VIOLENCE

Have there been incidents of physical violence directed towards family members or property?
 Yes No If yes, please explain:

LEGAL

Discuss any legal issues such as warrants, pending lawsuits, child support situations, restraining orders, 51A guardianship, legal custody of children, physical custody of children, tax liens, spousal support, etc.:

1. Has any adult in the family ever been arrested? Yes No
 - a. If yes, did the family member serve jail time? Yes No Prison Time? Yes No
 - b. If yes, please provide dates: _____
 - c. Is he/she on parole? Yes No Length of parole? _____ Probation? Yes No
 - d. Please explain: _____



HEALTH

1. Are your children currently covered by health insurance? Yes No
a. Identify Provider _____
2. Does any member of your family currently have a medical illness? Yes No
a. If yes, does this prevent her/him from working? Yes No
b. If yes, please explain why _____
3. Is this family member receiving medical care? Yes No
a. If yes, what kind of service _____
4. Have any family members been diagnosed with a mental health condition? Yes No
a. If yes, what kind of mental health condition: _____
b. Does this prevent her/him from working? Yes No
c. If yes, please describe why _____
5. Is the family member receiving any form of mental health services? Yes No
a. If yes, what kind _____
6. How many visits to the Emergency Room has your family made in the last 12 months? _____
7. Please list all medications that each family member is currently prescribed. _____

8. Are you willing, if accepted into this program, to attend group workshops? Yes No
9. Are you willing, if accepted into this program, to attend weekly case management meetings? Yes No

PROGRAM GOALS

How did you end up in your current situation? What were the main factors?

Name three areas of your life that need the most attention and/or improvement.

1. _____
2. _____
3. _____



What will you do to improve in these areas?

1. _____

2. _____

3. _____

If offered admission into our program, where do you see yourself in 3 months? In 6 months?



CLIENT RELEASE OF CREDIT HISTORY and BACKGROUND CHECK

I/We hereby authorize South County Outreach to review my full and complete credit report and driving record. I/We hereby authorize South County Outreach to process a Criminal Background Check.

Applicant's Name _____ Signature _____

Applicant's Name _____ Signature _____

Note: This confidential information will be used by South County Outreach during the screening process and if admitted to the Transitional Housing Program by staff and volunteers to assist you in reaching self-sufficiency.

SIGNING THIS APPLICATION

All potential residents are subject to federal requirements. Should an applicant deliberately submit false information on this application, you will be subject to penalties under federal law. Those penalties may include fines up to \$10,000 and or imprisonment for up to five years.

I/We have answered the above confidential questions to the best of my/our ability.

Applicant's Name: _____ Date: _____

Signature: _____ Ethnicity: _____

Applicant's Name: _____ Date: _____

Signature: _____ Ethnicity: _____

Note: South County Outreach asks your ethnicity solely for the purposes of providing statistics to the government and agencies that fund the Transitional Housing Program. South County Outreach does not discriminate based on ethnicity, gender, age, etc.

I verify this information to be correct:

South County Outreach Representative _____ Date _____



HOUSING PROGRAMS
PERSONAL HOMELESS VERIFICATION STATEMENT

I, _____, am seeking housing services for my family because we have no place to reside. We have exhausted all other possible resources, including family and friends.

Before today, my family was staying at: _____

Our sleeping arrangements last night were: _____

My previous residence was: _____

I have not been in this residence since: (date) _____

I currently have \$ _____ available to me to secure a place to stay.

Applicant Signature

Date

Applicant Printed Name