



# Gilead House Transitional Housing Interest Form

Please send completed  
form to:

Gilead House  
P.O. Box 2031  
Novato, CA 94948

---

---

## APPLICANT INFORMATION

Your name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

Social Security Number \_\_\_\_\_

Spouse or Partner's name \_\_\_\_\_ Are you currently together? Yes No

Children:	Name	Gender	Date of Birth
	_____		
	_____		
	_____		
	_____		

Phone number where we can contact you \_\_\_\_\_

Address where we can contact you \_\_\_\_\_  
\_\_\_\_\_

## QUESTIONNAIRE

The following questions will be used to determine your initial eligibility for our transitional housing program. Additional information will be required before a final eligibility determination can be made.

1. What is your current housing situation? (check one)
  - Homeless (no stable, adequate housing)
  - At risk of homelessness (current housing likely to be lost in the near future)

*(Please turn over to complete side 2 of this form)*

2. Where are you currently living? (check one)
  - Street, car, or camping
  - Emergency shelter or hotel
  - Residential treatment center
  - Institution (hospital, prison)

- Transitional housing program
- Unsubsidized rental unit
- Subsidized rental unit
- Temporary with family or friends
- Other: \_\_\_\_\_

3. When will you need to move out of your current living situation? Date: \_\_\_\_\_

4. What is your monthly income from all sources (including food stamps)? \$ \_\_\_\_\_

5. What are the sources of your income (please list monthly amounts)?

- Work \$ \_\_\_\_\_
- SSI/SSDI/SDI \$ \_\_\_\_\_
- TANF (AFDC)/CalWORKS \$ \_\_\_\_\_
- GA \$ \_\_\_\_\_
- Pension/Social Security \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Unemployment \$ \_\_\_\_\_
- Worker's Comp \$ \_\_\_\_\_
- Veteran's benefits \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

6. Are you currently employed? Yes No

Place of employment \_\_\_\_\_

Current Wage \_\_\_\_\_

Job Title \_\_\_\_\_

How long at this job \_\_\_\_\_

Hours per week \_\_\_\_\_

7. What is the highest grade or degree you have completed? \_\_\_\_\_

Have you had any vocational training? (please describe) \_\_\_\_\_

*The following information will be used only for statistical purposes, not to determine eligibility.*

8. Which of the following special needs applies to your family? (Check all that apply)

- Drug or alcohol problems
- Mental health issues
- Physical or other disability
- Urgent or chronically ill
- Domestic violence
- Non-English speaking
- Veteran
- Other: \_\_\_\_\_

9. What is your race or ethnicity? (Check all that apply)

- African-American
- Native American
- Asian/Pacific Islander
- Latino/Hispanic
- White
- Other: \_\_\_\_\_

I certify this information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_