



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)?

- | | |
|---|--|
| <input type="checkbox"/> Work \$ _____ | <input type="checkbox"/> Unemployment \$ _____ |
| <input type="checkbox"/> SSI/SSDI/SDI \$ _____ | <input type="checkbox"/> Worker's Comp \$ _____ |
| <input type="checkbox"/> TANF (AFDC)/CalWORKS \$ _____ | <input type="checkbox"/> Veteran's benefits \$ _____ |
| <input type="checkbox"/> GA \$ _____ | <input type="checkbox"/> Food Stamps \$ _____ |
| <input type="checkbox"/> Pension/Social Security \$ _____ | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> Child Support \$ _____ | |

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)

- | | |
|---|---|
| <input type="checkbox"/> Drug or alcohol problems | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Non-English speaking |
| <input type="checkbox"/> Physical or other disability | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Urgent or chronically ill | <input type="checkbox"/> Other: _____ |

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

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> Native American | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other: _____ |

.....

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

.....Signature

.....Date: