

APPLICATION FOR OCCUPANCY

HEAD OF HOUSEHOLD INFORMATION:

Please provide the following information

NAME: _____ DOB: _____

MAIDEN NAME, OTHER NAMES USED: _____

SS#: _____

PHONE NUMBER: _____ Cell / Work

EMAIL: _____

RACE: WHITE. BLACK. AFRICAN. HISPANIC. ASIAN.
PREFER NOT TO SAY

Current Address:

Mailing address: (IF DIFFERENT)

Telephone number of current address:

Current / Previous Landlord - Name & Number

Address:



Emergency Contact - Name & Number:

What is your relationship to your Emergency Contact:

HOUSEHOLD INFORMATION:

Please provide the following information for all individuals who you consider family:
Examples: biological children living with you full-time or part-time, significant others and/or relatives. Also include important friends or supports with whom you regularly communicate and rely on.

Name _____ DOB _____ Relationship to you _____

Name _____ DOB _____ Relationship to you _____

Name _____ DOB _____ Relationship to you _____

Name _____ DOB _____ Relationship to you _____

Name _____ DOB _____ Relationship to you _____

OUTSIDE SERVICES & SUPPORT INFORMATION:

THIS INCLUDES ANY PROFESSIONALS OR COMMUNITY RESOURCES YOU WORK WITH.

Name of Person:

Name of Agency:

Phone number:

Services Provided:

Length of time in Service:



INCOME INFORMATION

Please provide all income earned or received information.

Employer Name:

Employer Address:

Number of hours working / week:

Hourly Schedule / Day:

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

PLEASE NOTE: Verification of working hours will be required on a regular basis for anyone living at One Hope House

Do you receive child support payments from a member of family or the state? Y/N

If receiving child support, please list the name of the person paying the support.

Child Support File Number:

Name and Address of Agency from which you receive child support:

W-2, SSI, Monthly Benefits: (inclusive of food share, snap, and housing stipends)



PLEASE NOTE: Any mail you currently receive will need to be forwarded to a PO Box or a different address and may not be received at One Hope House

Are you receiving help on a regular basis to pay for bills, food, transportation, cell reimbursement or any other bills? Y/N

NAME OF PERSON OR PERSONS HELPING YOU OUT FINANCIALLY:

ADDRESS:

PHONE:

EMAIL:

EXPENSES:

Please list all current expenses including:

- Child Care

- Phone

- Car

- Health Care / Medical

- Insurance

- Fines / Tickets / Court Appointed payments

- Transportation



- Personal Care Misc. (such as nails, hair, salon, clothing)

HISTORY:

Please share with us, in your words, why you would like to live at One Hope House:

Please share with us, in your words, what has happened in your life as it relates to your children and your involvement in child welfare or other Milwaukee County Human Services.



CASE HISTORY

PLEASE NOTE: Current or open child welfare or custody cases will need to be submitted to our team for assessment.

Case Worker's Name: _____

Phone _____ #: Ext: _____

Work Cell Phone #: _____ Email: _____

Please share the main reason/behavioral concerns for the current custody case:

Have you had open custody cases previously? Y/ N

Previous Case: _____

Where: _____

How Long: _____

Have you been charged with any felonies? Y/N

If so, when, and why?

Have you been charged with any drug related or violent criminal activity?

Y/N If so, when, and why?

Are you required to register as a sex offender? Y/N

If yes, please explain:

