

Hope Shores Alliance Transitional Supportive Housing Application

Name: _____ Date: _____

Are you currently staying in a safe place while your eligibility for the Transitional Housing Program is reviewed? Yes No

If No, would you like options for safe, emergency shelter? Yes No

Phone#: _____ Safe to leave a message? Yes No

Email: _____ Safe send a Message? Yes No

Safe Mailing Address: (if applicable) _____

Preferred Method of Contact: _____ Preferred Day/Time of Contact: _____

How did you learn about the Transitional Supportive Housing Program?

Background

What is your current living situation? _____

Are you a survivor of domestic violence? Yes No

Are you a survivor of sexual assault, dating violence, or stalking? Yes No

Are you 18+ years old or an emancipated minor? Yes No

Gender Identity (I identify my gender as): _____

Pronouns: _____

What is your preferred language? _____

Are you able to understand written/spoken English? Yes No

Who will occupy the unit? *(Please indicate all occupants)*

Name	Birthdate	Gender Identity

Are you currently pregnant? Yes No

Do you or your dependents have any specific needs or special accommodations for participation in Transitional Housing, for example, wheelchair accessibility, TTY, large print or Braille, or other?

Do you have a companion or service animal(s)? Yes (describe) _____ No

Do you have other animals that you are concerned for that might need temporary housing?

Yes (describe) _____ No

Income

Please list monthly income for:

	You	Child 1	Child 2	Child 3	Child 4
Employment					
Unemployment					
Child Support					
SSI/SSDI					
Retirement					
Other					

Goals

The goal of the Transitional Supportive Housing Program at Hope Shores Alliance is:

To provide supportive services along with rental assistance for 24 months which will assist participants to transition to safe, affordable, permanent housing upon exiting the program.

Of the following supportive services, which are available throughout the program, how likely do you feel each would be in helping you attain safe affordable housing after 24 months?

	Very likely to help me, I would like this a.s.a.p.	This sounds likely to help me, can you tell me more?	This might be likely to help me but I'm not ready for it, can you remind me later?	Not at all likely to help me.	I am not interested in this service.
Safety Planning					
Court accompaniment					
Personal Protection Order (PPO)					
Obtaining birth certificates					
Other legal advocacy					
Emotional Counseling for myself					
Emotional Counseling for my child(ren)					
Food Assistance					
Building/repairing my credit score					
Banking / credit union options					
Budgeting					
Building a savings account					
Resume writing					
Mock interviews					
Pursuing my GED					
Applying to Alpena Community College, (or other education options)					
Child care					
Applying for SSI/SSDI					
Establish / improve rental history references					
Assistance with past due utilities					
Applying for Housing Choice Voucher through NEMSCA					
Rental payment assistance					

Are there any supports not listed on the previous page, that you are interested in or any additional comments? No Yes _____

Using the resource assistance listed above, or your own means, **what goals would you like to achieve during the 24-months of the Transitional Housing program?** _____

Who do you feel provides you support to achieve your goals? _____

Residence

In what county would you like to live?

- Alcona Alpena Iosco Montmorency Presque Isle

Size of a unit requested:

- 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

Other specific needs? _____

Do you have any additional comments you would like us to consider?

Please note that this is an application and does not constitute acceptance into transitional housing. If you are eligible, a follow-up meeting will be scheduled and additional information may be requested.

Thank you!

Applicants Signature: _____ Date: _____

Staff Signature: _____ Date Received: _____