



Office Use Only

Date intake packet received:	
Date notified referring worker or applicant:	

Application for SHDA/Transition Living Program

Applicant Information

Person completing this application:

Self/Homeless Adult 16-24 years old Worker on behalf of a Young Adult in FC/Voluntary FC 16-21 years old

Where is this referral coming from:

Self DHS (county/office) _____ CMO _____ Private Agency _____

Name:

Date of Birth:

Social Security Number:

Phone (of applicant):

Email:

Current Residence:

Homeless Foster Home/SIL Residential Placement Own/Rent Other _____

Current Address:

How Long:

City:

State:

Zip Code:

Monthly Payment/Rent:

Landlord:

Landlord Phone:

Previous Residence:

Homeless Foster Home/SIL Residential Placement Own/Rent Other _____

Previous Address:

How Long:

City:

State:

Zip Code:

Monthly Payment/Rent:

Landlord:

Landlord Phone:

If applicant is currently in a residential placement, when is the expected release date:

Employment/Income Information

Applicant currently employed:

Yes No

If employed, how long employed:

Current Employer:

Address:

City:

State:

Zip Code:

Supervisor Name:

Phone:

Position:

Part-Time Full-Time Hourly _____ Salary _____

Employment/Income Information (Continued)

If not employed, what are your/applicant's employment goals:

Do you/the applicant need assistance with career planning: Yes No

Do you/the applicant receive any other income: Yes No

Source	Yes/No (Which one)	Amount	Frequency (weekly/bi-weekly/ monthly):	How long have you/applicant been receiving this benefit:	Case Worker/ Case Specialist Name/ Phone/Agency:
TANF/Cash Benefits					
Food Stamp/ Bridge Card or WIC					
SSI/ SSDI					
Child Support					
Other					

References/Emergency Contact Information

If you are homeless/no longer in Foster Care, please list two references who can speak on your character and an emergency contact, whom we can contact regarding your application. For Foster Care please list the Emergency Contact only.

Reference #1 Name:

Address:

City:

State:

Zip Code:

Phone:

Relationship to you:

Reference #2 Name:

Address:

City:

State:

Zip Code:

Phone:

Relationship to you:

Emergency Contact Name:

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Phone:** _____

Relationship to you: _____

Educational History

Please provide the following information on yourself/applicant, starting with the most recent school currently attending:

School Name	City, State	Type (High School, Trade, College or University)	Dates Attended (Months & Year)	Graduated? Yes/No	Did you receive a certificate, diploma or degree?

Legal Status

What is your/the applicant's current legal status:

- Foster Care TCW
 Foster Care MCI
 Dual Ward (FC/JJ)
 Voluntary Foster Care
 JJ/CMO
 Previously in Foster Care (Date wardship was terminated ___/___/___)

If applicant is currently in Foster Care please answer the following:

	Yes	No	Please Explain
Is there parent visitation/ involvement or home visits?			
Is there a visitation plan in place for siblings?			
Other mandatory court ordered services?			

Referring Worker: _____ **Referring Worker Agency:** _____

Phone: _____ **Email:** _____

If DHS, County: _____ **If DHS, Office:** _____

Have you/applicant had any other experience with Vista Maria:
 Yes No

If Yes, dates of placement:
_____/_____/_____ to _____/_____/_____

Program you/applicant was placed in: _____

Have you ever been arrested or convicted of the following:

Assault Robbery/Larceny Destruction of Property Drug Related Charges Other _____

Do you/applicant currently have any outstanding/pending legal issues (probation, tickets, etc.)

Yes No If yes, please indicate: _____

Are there any other legal and/or personal matters which could interfere with you/the applicant taking possession and maintaining occupancy in this housing or community (health concerns, prior evictions, CPS involvement)

Yes No If yes, please explain _____

Do you/the applicant have any children who are presently in care:

Yes No

If yes, please indicate the circumstances in which brought the children into care and the current status of the children's placement:

I certify that the information contained in this application is true and correct to the best of my knowledge. I authorize the staff from Vista Maria and/or its affiliates from Vista Affordable Housing to contact the sources/references listed in this application for the purposes of verifying the accuracy of the information.

Signature of Applicant

Date

Signature of Parent/Guardian (If applicable)

Date

Signature of Referring Worker (If applicable)

Date



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.