

Original in
Medical File

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Tarrant County Samaritan Housing, Inc.

Application for Samaritan House
(Please Print Legibly)

General Information:

Last Name: _____ First Name: _____ Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

County in which you usually reside: _____ Phone where you can be reached: _____

Landlord's name: _____ Phone: _____

Have you lived in Section 8 Housing before? _____

If yes, where: _____ Dates: _____

Are you homeless? _____ Yes _____ No Describe: _____

Are you a student? _____ Yes _____ No Full-time Part-time N/A

Sources of Income:

Does anyone in your household receive income from any of the following? Please mark "yes" or "no" for each source of income.

Source	Employment	Check One	Source Benefits/Pensions	Check One	Source	Other	Check One
Second Job		<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grants		<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonuses		<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships		<input type="checkbox"/> Yes <input type="checkbox"/> No
Tips		<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Gifts		<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions/Fees		<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	AFDC/TANF		<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime Pay		<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

Household Member Name	Amount Received	Source
	Amount \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Amount \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	
	Amount \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	

CURRENT EMPLOYMENT INFORMATION

Applicant's Name		Occupation	Work Phone		
Name and Street of Employer			City	State	Zip Code
Date Hired	Salary \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other		# of hours worked per week	Work Fax

Household Assets:

Does anyone in your household have any of the following types of assets? Please mark "yes" or "no" for each type of asset.

Type of Asset	Check One	Type of Asset	Check One	Type of Asset	Check One
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Keogh Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable Trust Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage/Note Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Funds/Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate/Land	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Property Held as Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each "Yes" marked above, please complete the following:

Household Member Name	Type of Asset	Cash Value	Amount (\$) asset will earn in the next 12 months

Other Information:

Driver's License Number: _____ State: _____

Automobile make/model: _____ Year: _____

Military:

Are you a Veteran? Yes No

Branch of Service: _____ Date of Discharge: _____

Type of discharge: _____ Rank at Discharge: _____

Legal Information:

Do you have a Power of Attorney? _____ Yes _____ No Name of Attorney: _____

Do you have a Directive to Physicians and Family or Surrogates? _____ Yes _____ No

Do you have a will? _____ Yes _____ No

Medical Information:

Diagnosis: HIV+ AIDS Date of Diagnosis: _____ Place: _____

CD4 Count: _____ Viral Load: _____ Current Weight: _____

Have you ever had hepatitis? Yes No If yes, What type? Type A Type B Type C

Have you ever had tuberculosis? Yes No

Are you allergic to any medications? Yes No If yes, what Medications? _____

Do you currently receive medical care for any chronic condition? (e.g. diabetes, hypertension, heart disease, etc.) Yes No If yes, what is the condition? _____

Primary Care Physician: _____ Phone: _____

Medicare Number: _____ Medicaid Number: _____

Criminal History:

Have you ever been jailed for breaking the law? Yes No Explain: _____

Offense: _____ Date: _____ Place: _____

Offense: _____ Date: _____ Place: _____

Offense: _____ Date: _____ Place: _____

Charges Pending? _____ Date: _____ Place: _____

Have you ever committed a felony? Yes No Explain: _____

Offense: _____ Date: _____ Place: _____

Offense: _____ Date: _____ Place: _____

Offense: _____ Date: _____ Place: _____

Charges Pending? _____ Date: _____ Place: _____

Who is your Parole/Probation Officer? _____ Phone: _____

Are you attending a Criminal Justice Program? Yes No

Program Name: _____

Counselor's Name: _____ Phone Number: _____

Substance Abuse History:

Do you currently drink alcohol? Yes No If yes, How much?
 1-2 drinks once a day per week 3-5 drinks once a day per week alcoholic
 in recovery?

Do you currently use drugs? Yes No If yes, How much?
 several times per day once a day once per week several times per week drug addict
 in recovery?

What is your drug of choice?
 marijuana opium, heroin, morphine and codeine inhalants such as paint thinner, fingernail
polish remover, glues, gasoline, cigarette
lighter fluid, and nitrous oxide
 mescaline, LSD, and MDMA (ecstasy) steroids cocaine, "crack", and amphetamines
 methamphetamine Alcohol Other _____

Have you attended a treatment program? Yes No
Program Name: _____ Date: _____

Program Name: _____ Date: _____

Are you currently seeing a counselor or attending a twelve-step group? Yes No
Counselor's Name: _____ Phone Number: _____

Emergency Contact Information:

In case of an emergency, notify: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Contact Phone: _____

Other local contact: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Contact Phone: _____

Statistical Information:

Highest Grade Completed in School: 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade

7th Grade 8th Grade 9th Grade 10th Grade 11th Grade 12th Grade

GED Tech School 1 yr college two yrs college 3 yrs college

Associates Degree Bachelors Degree Masters Degree Other _____

Race: Black/African American Black/African American & White Caucasian

Asian Asian/White American Indian/Alaskan Native & Black/African American

American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

American Indian Other Multi Racial _____

Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino

Sexual Orientation: Heterosexual Bi-sexual Gay Do not wish to answer

Special Needs: Mental Illness Alcohol Abuse Drug Abuse

HIV/AIDS and related diseases Developmental disability

Physical Disability Domestic Violence Other (please specify) _____

Marital Status: Single Married Divorced Married living with spouse

Married not living with spouse Civil Union Common Law Living Together

Widowed

Prior living situation: Non housing (street, park, car, bus station, etc) Emergency Shelter

Transition housing for homeless persons Psychiatric facility

Substance Abuse treatment facility Hospital Jail/prison

Domestic violence situation Living with friends/relatives rental housing

Other (please specify) _____

Income at entry: No income \$1-\$150 \$151-\$250 \$251-\$500 \$501-\$1000

 \$1001-\$1500 \$1501-\$2000 \$2001+

Income Source at entry: Supplemental Security Income (SSI)
 Social Security Disability Income (SSDI)
 Social Security
 General Public Assistance
 Aid to Families with Dependent Children (AFDC)
 Veterans Benefits
 Employment Income
 Unemployment Benefits
 Veterans Health Care
 Medicaid
 Food Stamps
 Medicare
 Other (please specify) _____
 No Financial Resources

I certify that the statements on this application are true to the best of my knowledge, and understand that inquiries will be made to verify them. I authorize the release of information to the Fort Worth Housing Authority, the Department of Human Services, the Social Security Administration and any other agency necessary to authenticate my application. I further understand that any false statements made on this application will be cause for immediate denial of housing assistance at Samaritan House.

Signature of Applicant: _____ Date: _____

Signature of Samaritan House Representative _____ Date: _____