

# The Villages at Samaritan House

Application  
(Please Print Legibly)

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**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

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**Family Member Information:**

	Family Member Name:	Relationship:	Age:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

**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: \_\_\_\_\_

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**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

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**Medical Information:**

Disabled?  Yes  No Describe Disability: \_\_\_\_\_

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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**Statistical Information:**

Highest Grade  1st Grade  2nd Grade  3<sup>rd</sup> Grade  4th Grade  5th Grade  6th Grade

Completed in School:  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

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***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.***

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of Samaritan House Representative \_\_\_\_\_ Date: \_\_\_\_\_