



Motel to Home Program Application



Head of Household Information (each person listed must match birth certificate or driver's license)

Last	First	MI	Phone	Email
Gender female male trans	Date of Birth (mm/dd/yyyy)	Ethnicity white black Asian native American Hispanic		
# Children Under 18 in Household	Marital Status married single legally separated divorced			
How long lived in Norcross? less than 1 year 1-5 years 5+ years	How long lived in Georgia? less than 1 year 1-5 years 5+			

Spouse

Last	First	MI		
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Children and Other Occupants

Name (and relationship)	Date of Birth (mm/dd/yyyy)	Name of School Attending	Name (and relationship)	Date of Birth (mm/dd/yyyy)	Name of School Attending
1)			4)		
2)			5)		
3)			6)		

Residency History

Prior to staying in this extended stay, where did you live? *City, State or County*

How long have you stayed in extended stay motels?	<input type="checkbox"/> 0-90 days	<input type="checkbox"/> 3-6 mo	<input type="checkbox"/> 6mo-1yr	<input type="checkbox"/> 1-2 yr	<input type="checkbox"/> 3yrs+
Have you ever had a lease/rental agreement in your name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Have you ever owned or had a mortgage for a home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
How many times have you been evicted from housing as an adult?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4-9	<input type="checkbox"/> 10+
Have you been homeless before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	How many times in the last 12 months? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	
Do you have unpaid rent or utility bills in your name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Do you know your credit score?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If known, what is it?	
Do you have poor credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Does your credit history currently affect your ability to get housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		

Criminal Background

Have you ever been convicted of one or more Misdemeanor(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convicted of a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the criminal activity or history of someone in the household (other than you) ever caused you to lose your housing?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Does your (or another member of your household) criminal history affect your ability to get housing?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

Other Information

How many times has your housing situation required your children to change schools in the last 2 years (not including moving up from one grade or another)	
Do you have physical health or abilities issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Have your physical health or abilities ever caused you to lose your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does your physical health or abilities currently affect your ability to get housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are you currently receiving treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do you have mental health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Have your mental health issues caused you to lose housing in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do your mental health issues currently affect your ability to get housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are you currently receiving treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Has domestic violence or abuse ever caused you to lose your housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
Does domestic violence or abuse currently affect your ability to get housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
Does your personal history currently affect your ability to get housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
What is the highest level of education you have received?	<input type="checkbox"/> Less than HS or GED	<input type="checkbox"/> High school diploma or ged	<input type="checkbox"/> 2 yr college or technical school degree	<input type="checkbox"/> 4 year college degree	<input type="checkbox"/> Post graduate degree			
Have you ever served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
Is English your second language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
What is your primary language?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other					
Do you have a working car or other reliable transportation to get to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
If you have small children, do you have affordable child care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
Do you have regular income from any of the following types of employment?	<input type="checkbox"/> Full-time	<input type="checkbox"/> 2 full-time jobs	<input type="checkbox"/> 1 part-time job	<input type="checkbox"/> 2 or more part-time jobs	<input type="checkbox"/> Seasonal work	<input type="checkbox"/> Gig employment	<input type="checkbox"/> Unknown	*PROVIDE DOCUMENTATION
Are you currently receiving social security or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		*PROVIDE DOCUMENTATION			
Are you currently receiving child support from an ex?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		*PROVIDE DOCUMENTATION			
Are you currently receiving TANF?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Unknown	*PROVIDE DOCUMENTATION			
Are you currently receiving foodstamps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ineligible	<input type="checkbox"/> Unknown				
Are you currently receiving financial assistance from a local nonprofit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Ineligible		Amount			
Do you need temp assistance to get or keep housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		How much?			
Do you need permanent assistance to get or keep housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		How much?			
How much money do you earn on average each month (from work, assistance, donations, etc)	<input type="checkbox"/> Less than \$1100	<input type="checkbox"/> \$1100-\$1200	<input type="checkbox"/> \$1201-\$1300	<input type="checkbox"/> \$1301	<input type="checkbox"/> more than \$3000			
How much do you pay each month at your extended stay?								
What percent of your income do you spend on housing at this extended stay?	<input type="checkbox"/> 35 or less	<input type="checkbox"/> 36-50	<input type="checkbox"/> 80% or more					
How much money can you afford to spend on housing each month?	<input type="checkbox"/> Less than \$1100	<input type="checkbox"/> \$1100-\$1300	<input type="checkbox"/> \$1301-\$1500	<input type="checkbox"/> \$1500+				
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
Do you use a credit card or cash cards?	<input type="checkbox"/> Credit	<input type="checkbox"/> Cash	<input type="checkbox"/> Debit	<input type="checkbox"/> None	<input type="checkbox"/> All			
Do you have financial debts (loan, cc, car payments, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
Have you ever taken out any of the following loans?	<input type="checkbox"/> Title pawn	<input type="checkbox"/> Payday	<input type="checkbox"/> Both	<input type="checkbox"/> Neither				
Are you currently repaying any of the following?	<input type="checkbox"/> Title pawn	<input type="checkbox"/> Payday	<input type="checkbox"/> Both	<input type="checkbox"/> Neither				
On a scale of 1 (low) to 5 (high) please rate the intensity of wanting to move out of an extended stay and into permanent housing (apt or home):	1	2	3	4	5			
Are you willing to attend up to four (4) local workshops (childcare provided) to learn skills to help you maintain stable housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
Do you want to find housing in the Norcross community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
Are you willing to work 1 on 1 with a caseworker for one year with the goal of maintaining stable housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
Are you willing to complete periodic surveys to assess your housing progress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown					
By signing, the applicant represents that all of the above information is true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report or background check. If any information is false, St. Vincent de Paul Georgia is entitled to reject the application.	Signature				Date			