



*“Christ-Centered Supportive and Transitional Living”*

## **Transitional Housing Program Application Packet**

*Mail Completed Applications to:*

**HopeHouse OKC**

*6608 N. Western Ave. PMB #178*

*Oklahoma City, OK 73116*

*For More Information Visit:*

*[www.hopehouseokc.com](http://www.hopehouseokc.com)*

### **Our Mission:**

*To assist individuals and families in need by providing temporary housing and basic support services in a safe and intentional environment of Christian community.*

## Application Packet Overview

Thank you for your interest in the HopeHouse OKC transitional housing program. Please review the entire application packet carefully and follow all written instructions.

### Qualifications:

In order to qualify for the HopeHouse OKC transitional housing program applicants must meet both of the following criteria:

**1. Applicant is homeless or facing eviction, foreclosure, or loss of residency\*.**

Homelessness can be defined as:

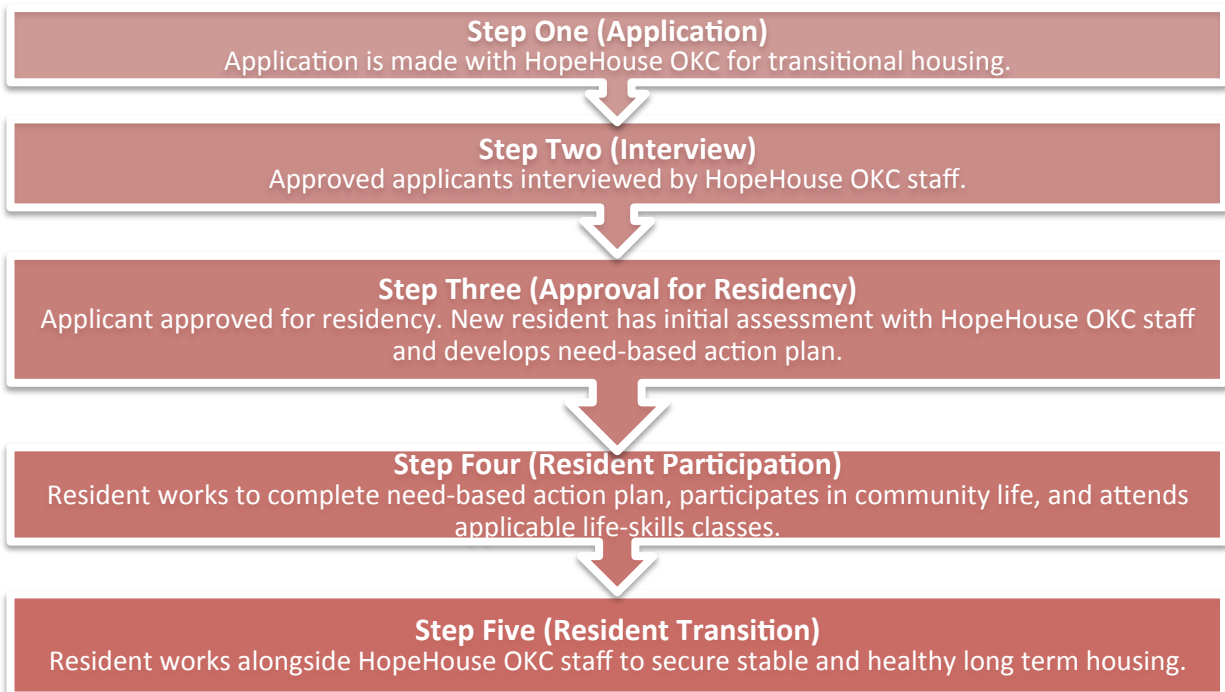
- (A) An individual or family who lacks a fixed, regular, and adequate night time place of residency.
- (B) An individual or family who has a primary nighttime place of residency that is:
  - (i) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, and congregate shelters.)
  - (ii) A public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (including cars, abandoned buildings, and alleys.)

\*Notice from applicant's bank, landlord, or other proof of residency loss will be required.

**2. Applicant must have dependent children in custody or be in the process of reunification.**

*Note: The above criteria may be waived with a written referral from an applicant's pastor, social worker, shelter director, or any member of the HopeHouse OKC staff or Board of Directors.*

**Process:** There Are 5 steps necessary for applying, participating, and completing the HopeHouse OKC transitional housing program.



## Application Packet Overview (Continued)

HopeHouse OKC exists to assist individuals and families in need by providing temporary housing and basic support services in a safe and intentional environment of Christian community. Below you will find an explanation of what we expect from every HopeHouse OKC resident. Violation of any residency rule will, at the sole discretion of the HopeHouse OKC staff or Board of Directors, be cause for immediate dismissal from the living community and the program.

1. Possession or use of alcohol and/or drugs is strictly prohibited. All HopeHouse OKC residents are subject to random drug and alcohol testing.
2. Possession of guns, firearms, or weapons of any kind is strictly prohibited.
3. Illegal activity of any kind is prohibited.
4. Smoking is not permitted inside the residence at any time, under any circumstance.
5. No overnight guests are permitted unless approved by a HopeHouse OKC staff member for a specified time. No overnight guests of the opposite sex are allowed.
6. Guests of the opposite sex/guests Residents are dating are not allowed in the apartments.
7. Furnishings and household items shall not be removed from the residence. All household items and furnishings are property of HopeHouse OKC.
8. Residents must keep their living space clean and orderly. Weekly cleaning checks are performed by the HopeHouse OKC staff.
9. Fighting of any kind, physical or verbal, will not be tolerated.
10. Children under the age of 13 must be supervised by an adult at all times.
11. Pets of any kind are prohibited.
12. All residents are required to be actively engaged in working to complete their need-based action plan.
13. Children must be enrolled in school and must attend school every day as required by the district.
14. Resident curfew is 11 pm and can only be waived by HopeHouse OKC staff to accommodate verified work schedules. Living community quiet hours are from 11 pm to 7 am. All Residents must be home nightly by curfew and are not allowed to stay off-site without prior approval.
15. Residents are required to attend all applicable volunteer taught classes and workshops.
16. Residents are expected to take ownership in the living community. This includes taking care of living community property, as well as individual residences. Damage to HopeHouse OKC property will not be tolerated.
17. All adult residents are required to work 40 hours per/week or be actively seeking job placement and all the responsibilities there within.
18. HopeHouse OKC requires that 10% of all resident income be placed in an escrow account held by HopeHouse OKC. Accumulated escrow money will be returned in full to the resident upon exit of the program for the purpose of securing future permanent housing. HopeHouse OKC requires that an additional 10% of resident income be given back to HopeHouse to help offset living community costs.

## Transitional Housing Program Application

Please complete the application in full with complete and candid answers to the following questions. All information shared on this form will be kept confidential. Submitting an application is not a guarantee for acceptance into HopeHouse OKC transitional housing program. Incomplete applications will not be considered. *All applicants will need to provide some form of government issued identification.*

Please provide the following information for the Applicant and Co-Applicant

Last Name	First Name	Date of Birth	Social Security #

**Phone number(s) where you can be reached:** \_\_\_\_\_

*The phone is the only way we can contact you. If your phone number becomes disconnected please contact us immediately with another number.*

**Where are you currently staying?**

**Shelter**                                      **Friends/Family**                                      **Hotel/Motel**                                      **Other:** \_\_\_\_\_  
**Hospital/Institution**                      **Streets**    **Car**    \_\_\_\_\_

**How long have you been staying there:** \_\_\_\_\_

**Reason for current living situation:** \_\_\_\_\_

**Have you ever applied/lived at HopeHouse OKC before:**                      **Yes**                      **No**

**Referred to HopeHouse OKC by:** \_\_\_\_\_

**List all family members who would be living with you in the HopeHouse OKC residence (including yourself):**

Name	Relationship	Date of Birth	Social Security #	Grade/School	Father's Name

Do you have any children? If so, please list names and ages. \_\_\_\_\_

Where are your children currently living? \_\_\_\_\_

Is anyone pregnant?    Yes    No    Due date: \_\_\_\_\_

Please list any family living in the Oklahoma City area: \_\_\_\_\_

Do you have a current driver's license? \_\_\_\_\_    Number: \_\_\_\_\_    State \_\_\_\_\_

What has contributed to your need for transitional housing?

- |   |   |
|---|---|
| <input type="checkbox"/> Loss of housing—legal eviction                                   | <input type="checkbox"/> Mental or physical disability      |
| <input type="checkbox"/> Loss of housing—not eviction (fire, choice, substandard housing) | <input type="checkbox"/> Criminal background                |
| <input type="checkbox"/> Divorce, family break-up   | <input type="checkbox"/> Job loss, lack of financial income |
| <input type="checkbox"/> Domestic violence  | <input type="checkbox"/> Substance abuse                    |
|   | <input type="checkbox"/> Other: _____                       |

Please explain your current situation and why you feel HopeHouse OKC can help: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT HEALTH AND WELLNESS INFORMATION**

Do you smoke: \_\_\_\_\_

Do you or your children have any special medical needs, mental health needs, or behavioral needs?

\_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been hospitalized in the past 2 years? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently under care of a physician, mental health professional, or case worker: \_\_\_\_\_

If so, name: \_\_\_\_\_    Location: \_\_\_\_\_

## APPLICANT CHEMICAL DEPENDENCY INFORMATION

Do you currently use drugs or alcohol of any kind: \_\_\_\_\_

Have you ever been in drug or alcohol rehabilitation: \_\_\_\_\_

If yes, when: \_\_\_\_\_ Facility name: \_\_\_\_\_

Name of abused substance(s): \_\_\_\_\_

AA participant? \_\_\_\_\_ NA participant? \_\_\_\_\_

If you have a past, current, or future problem with substance abuse you may be required to attend weekly meetings and have your attendance verified. Do you agree to this requirement: \_\_\_\_\_

Will you and your family agree to and maintain a no alcohol/drug policy while residing at HopeHouse? \_\_\_\_\_

## APPLICANT CRIMINAL BACKGROUND INFORMATION

Have you ever been arrested for any reason? \_\_\_\_\_

If so, when, where and what for? \_\_\_\_\_

What was the outcome? (acquittal, fine, conviction, etc..) \_\_\_\_\_

Have you served anytime in jail? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Date(s): \_\_\_\_\_

Do you have any unresolved tickets? (speeding, parking, etc...) \_\_\_\_\_

If so, what for? \_\_\_\_\_

Are you on parole or probation? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Parole/probation officer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Is there a warrant(s) of any kind out for your arrest at the present? \_\_\_\_\_

If so, what for? \_\_\_\_\_

**APPLICANT EMPLOYMENT, EDUCATION, AND TRANSPORTATION INFORMATION**

Are you currently employed: \_\_\_\_\_ If so, where? \_\_\_\_\_

Employer phone number: \_\_\_\_\_

Approximate work hours and schedule: \_\_\_\_\_

**Employment History:**

Employer Name	Position	Dates	Reason for Leaving

**Education:**

What is the highest grade level you completed in school?      1   2   3   4   5   6   7   8   9   10   11   12

**Check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> H.S. diploma      | <input type="checkbox"/> 4 year college/university    |
| <input type="checkbox"/> G.E.D.            | <input type="checkbox"/> Post college graduate school |
| <input type="checkbox"/> Trade school      | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Community college |   |

Have you participated in any job-training programs: \_\_\_\_\_ If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently enrolled in school, G.E.D. classes, or a job-training program? \_\_\_\_\_

If so, where? \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

**Transportation:**

**Do you:**

- Own a car
- Borrow a car
- Rely on public transportation
- Walk or ride a bike

**If you own a car:**

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Tag number: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

## Applicant/Co-Applicant Financial Information

Please list all income or benefits currently received from employment, child support, SSI, etc...:

Income Source	Monthly Amount	Monthly Date Received

Do you have a current case worker: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of social service office: \_\_\_\_\_

**Bills and debts: Please complete the table and add any items not listed.**

Item	Amount Due	Monthly Payment	Past Due? Y/N
Past Rent			
Cable			
Electric			
Gas			
Water			
Cell Phone/Telephone			
Loans			
Tickets/Fines			
Credit Cards			
Medical			
Child Support			
Repossessions			
Bad Checks			
Storage			
Car Payment			
Car Insurance			
Other			



## References and Background Check Release

Please list 2 references. (pastor, case worker, counselor, employer, etc...) Please do not list family members.

Name	Address	Phone	Relationship

Who should we contact in case of emergency?

Name	Address	Phone	Relationship

### DISCLOSURE AND AUTHORIZATION FOR EMPLOYER/PROGRAM TO ACCESS CONSUMER REPORTS

HopeHouse OKC

**AUTHORIZATION**

I hereby authorize, without reservation, the obtaining of “consumer reports” or “investigative consumer” reports by **HopeHouse OKC** at any time after receipt of this authorization and throughout my employment or volunteer service, if applicable. I further authorize and request, without reservation, any present or former employer, school, police department, state or federal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish SecureSearch or **HopeHouse OKC** with any and all background information in their possession regarding me, so that my employment qualifications may be evaluated and/or reassessed. I also agree that a fax or photocopy of this authorization with my signature should have the same authority as the original.

**By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).**

*The following is information required in order for **HopeHouseOKC** to obtain a complete consumer report:*

FULL LEGAL NAME (First, Full Middle Name, Last Name)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH*
STREET ADDRESS	
CITY, STATE, ZIP CODE	
DRIVER’S LICENSE NUMBER	ISSUING STATE
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)	
_____ <b>CONSUMER’S SIGNATURE</b>	_____ <b>DATE</b>

\* This information will be used for background screening purposes only.

Please list all Counties and States you have lived in since the age of 18.

County	State	Name Used in County	Date From	Date To

**DISCLOSURE**

In connection with your application for employment or volunteer service with: [ \_\_\_\_\_ HopeHouse OKC \_\_\_\_\_ ] (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment or (if hired) or service, [ \_\_\_\_\_ HopeHouse OKC \_\_\_\_\_ ] may obtain a “consumer report” and/or an “investigative consumer report” on you from **SecureSearch**, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is a communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. An investigative consumer report is a report obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain information regarding your credit history(if applicable to position), criminal records, driving history records, education records, previous employment history, social security traces, military records, professional licensure records, drug testing, government records, and other types of background information. You further understand that these reports may contain information concerning the reasons for termination of past employment. You are hereby notified that you have the right to make a timely request for the nature and scope of any investigative consumer report. You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Inquiries to **SecureSearch** should be directed to **SecureSearch; Consumer Disputes; 558 Castle Pines Pkwy. #B4-137, Castle Rock, CO 80108. 1 (866) 891 – 1954.**

**MAINE AND NEW YORK APPLICANTS OR EMPLOYEES ONLY:** *You have the right to inspect and receive a copy of your investigate consumer report requested by [EMPLOYER NAME] by contacting the consumer reporting agency identified directly above.*

**NEW YORK APPLICANTS OR EMPLOYEES ONLY:** *By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.*

**MINNESOTA AND OKLAHOMA APPLICANTS OR EMPLOYEES ONLY:** *Please check this box if you would like to receive a copy of a consumer if one is obtained by the Company*

*“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.*

*The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.*

*You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.*

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

Name: \_\_\_\_\_

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) Yes  No

If Yes, please explain:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

Yes  No  If Yes, please explain:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?

Yes  No  If Yes, please explain:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

Yes  No  If Yes, please explain:

5. As of the date of this authorization, do you have any pending criminal charges against you?

Yes  No  If Yes, please explain:

6. Have you ever served in the US Military? Yes  No

7. If you answered YES to the above question, did you receive a DD214?

Yes  No  If Yes, can you present the document?: Yes  No

8. If you answered YES to the above question 6, did you receive an honorable discharge?

Yes  No  If No, please explain:

---

Consumer signature

Date

## Statement of Understanding

I have read the attached HopeHouse OKC residency rules and understand that if I, or a member of my family, violates any one of these rules I may be dismissed from the HopeHouse OKC program and living community.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing the application I/we agree to hold *HopeHouse Supportive and Transitional Living Inc.*, and/or any other parties associated with this program in anyway whatsoever, singly, or collectively, from any blame or liability for injury, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in this program or in activities associated there within. I/we give permission for information to be released about me and my children, by or to any doctor, social worker, counselor, employer, landlord, shelter, agency or any other person deemed necessary by HopeHouse OKC.

In addition I/we understand that if I am selected to enter the program, I will submit to random urine drug screening and/or blood alcohol screening and a criminal background check. I give permission for HopeHouse OKC to request and obtain my medical, psychiatric, social service and employment information in determining my eligibility for the program. If admitted into the program, this consent extends through the duration of my involvement in the program.

All of the information I/we have given is, to the best of my/our knowledge, true and complete. I/we understand that if any of this information given is found to be untrue, I/we may be dismissed from the HopeHouse OKC program and living community.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If application is being filled out by a co-applicant please have co-applicant complete pages 13-14)*

### HHOKC Office Use Only:

Application received date: \_\_\_\_\_

Staff person: \_\_\_\_\_

Status (check when completed):

Application Approved

Date: \_\_\_\_\_

Interview scheduled:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Placement:

Location: \_\_\_\_\_

Unit #: \_\_\_\_\_

## Co-Applicant Health and Wellness Information

Do you smoke: \_\_\_\_\_

Do you or your children have any special medical needs, mental health needs, or behavioral needs? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Have you been hospitalized in the past 2 years? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Are you currently under care of a physician, mental health professional, or case worker: \_\_\_\_\_

If so, name: \_\_\_\_\_ Location: \_\_\_\_\_

## Co-Applicant Chemical Dependency Information

Do you currently use drugs or alcohol of any kind: \_\_\_\_\_

Have you ever been in drug or alcohol rehabilitation: \_\_\_\_\_

If yes, when: \_\_\_\_\_ Facility name: \_\_\_\_\_

Name of abused substance(s): \_\_\_\_\_ AA participant? \_\_\_\_\_ NA participant? \_\_\_\_\_

If you have a past, current, or future problem with substance abuse you may be required to attend weekly meetings and have your attendance verified. Do you agree to this requirement: \_\_\_\_\_

Will you and your family agree to and maintain a no alcohol/drug policy while with HopeHouse OKC: \_\_\_\_\_

## Co-Applicant Criminal Background Information

Have you ever been arrested for any reason? \_\_\_\_\_

If so, when, where and what for? \_\_\_\_\_

What was the outcome? (acquittal, fine, conviction, etc..) \_\_\_\_\_ Have you served anytime in jail? \_\_\_\_\_

If so, how long? \_\_\_\_\_ Date(s): \_\_\_\_\_

Do you have any unresolved tickets? (speeding, parking, etc...) \_\_\_\_\_ If so, what for? \_\_\_\_\_

Are you on parole or probation? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Parole/probation officer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Is there a warrant(s) of any kind out for your arrest at the present? \_\_\_\_\_ If so, what for? \_\_\_\_\_

### Co-Applicant Employment and Education Information

Are you currently employed: \_\_\_\_\_ If so, where? \_\_\_\_\_

Employer phone number: \_\_\_\_\_

Approximate work hours and schedule: \_\_\_\_\_

#### Employment History:

Employer Name	Position	Dates	Reason for Leaving

#### Education:

What is the highest grade level you completed in school?      1   2   3   4   5   6   7   8   9   10   11   12

#### Check all that apply:

- H.S. diploma
- G.E.D.
- Trade school
- Community college
- 4 year college/university
- Post college graduate school
- Other: \_\_\_\_\_

Have you participated in any job-training programs: \_\_\_\_\_ If so, please describe: \_\_\_\_\_

Are you currently enrolled in school, G.E.D. classes, or a job-training program? \_\_\_\_\_

If so, where? \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_