



Dear Friend:

Thank you for your interest in the New Generation transitional apartment. The transitional apartment can house either two women with one child each, or one woman with two children. Residency is up to 18 months, and is limited to women who are working or in school full-time (or a combination of work and school resulting in full-time hours). Transitional apartment residents are also expected to have their own transportation and child care.

Current New Generation shelter residents receive preference if a waiting list for the apartment should occur. If there is no waiting list, once we receive your completed application, our team will review and will make a decision regarding admission. Please keep us informed with a number at which you can be reached. You will be called within two weeks of receipt to schedule an interview if we have available space.

Sincerely,

Jennifer Bisson, Executive Director



## Transitional Apartment Application

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

### GENERAL

Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Last Address (street): \_\_\_\_\_ (City & State): \_\_\_\_\_

Last Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have a driver's license? Yes No Do you have a car? Yes No

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Car license plate#: \_\_\_\_\_

Last Address was:  own apartment  with friends/family  shelter  other: \_\_\_\_\_

Have you been homeless before? Yes No Have you stayed in a shelter before? Yes No

Place of Birth: \_\_\_\_\_ U.S. Citizen Yes No

Marital Status: Single Married Separated Divorced In a relationship

Please list any other children you have (use the back of the page if needed):

Name	DOB	Gender	Name/Address of Guardian
_____	_____	_____	_____
_____	_____	_____	_____

Domestic Violence? Yes No Are you currently in the abusive relationship? Yes No

Do you have a restraining order against the abuser? Yes No

### LEGAL

Were you ever arrested for assault? Yes No When? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

Charge: \_\_\_\_\_ Date charged: \_\_\_\_\_

Results of trial: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been involved in any other legal situations? Yes No

(Divorce, Arrests, Warrants, Legal Guardian, Probation, Restraining order, etc): \_\_\_\_\_

### EDUCATION & EMPLOYMENT

Are you currently in school or working on a degree? Yes No Where?: \_\_\_\_\_



What degree/certificate are you working towards?: \_\_\_\_\_

How long will it take you to complete?: \_\_\_\_\_

Please list any other details you would like us to know: \_\_\_\_\_

Are you employed? Yes No Who is your employer?: \_\_\_\_\_

How long have you been employed?: \_\_\_\_\_ How many hours per week?: \_\_\_\_\_

How much is your pay before taxes?: \_\_\_\_\_ (weekly, biweekly, monthly, annually)

What is the name of your supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**FINANCIAL**

Do you have any income? Yes No If yes: Monthly amount \$ \_\_\_\_\_

Please check all you receive: Food stamps Medicaid TANF APTD SSI WIC

Child Care Other(Please list): \_\_\_\_\_

Do you have medical insurance? Yes No Name of Insurance: \_\_\_\_\_

Do you have any outstanding bills? Yes No

Please check all outstanding bills that apply: Housing Utilities Phone Car Medical

Credit Cards Other: \_\_\_\_\_

**FAMILY HISTORY**

Please give us the following information about your parents: (Release signed if applicable)

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**HEALTH**

Are you currently receiving medical care? Yes No Date of last visit: \_\_\_\_\_

List all medications you take (including over the counter):

Medication	Dosage	How often do you take it	Condition it is used to treat
_____	_____	_____	_____
_____	_____	_____	_____



\_\_\_\_\_  
\_\_\_\_\_

Do you smoke cigarettes?  Yes  No

Have you ever:  Been hospitalized?  Had surgery?

If yes, please explain: \_\_\_\_\_

Please state any additional medical information we should know: \_\_\_\_\_

\_\_\_\_\_

Have you ever had any counseling:  Yes  Currently  No

Counseling Center: \_\_\_\_\_ Name of counselor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List any mental health diagnoses: \_\_\_\_\_

Have you ever been hospitalized for mental health reasons?  Yes  No When? \_\_\_\_\_

Have you ever attempted suicide?  Yes  No When? \_\_\_\_\_

What kind of attempt did you make? \_\_\_\_\_

Do you have a history of substance abuse?  Yes  No (check drugs of use):

- Marijuana  Cocaine  Crack  Amphetamines  Barbiturates  Heroin  Alcohol
- Other Street/Club Drugs  Prescription Medication

When was the last time you used alcohol or drugs? \_\_\_\_\_

Have you completed a drug treatment program?  Yes  No

Name of program: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**GOALS:**

What are your goals in life for yourself and your children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**APPLICANT'S CERTIFICATION:**

*My signature below confirms that I have read, understand, and agree to abide by the Transitional Apartment Guidelines of New Generation. My signature also confirms that the information I have provided to New Generation is true, accurate, and honest. If any information that I have provided is indeed false, I understand that New Generation may ask me to leave the program immediately. I absolve New Generation from any liability of any actions they may take based on this information that I have provided as truth.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# LIABILITY RELEASE FORM

I, \_\_\_\_\_ enter of my own free will into the following agreement with the New Generation Program.

1. I have had the rules of the house clearly explained to me and agree to abide by them.
2. I understand and agree that New Generation shall incur no liability in the event that I fail or refuse to stay in the home.
3. I agree I will vacate New Generation within 48 hours, or sooner if deemed necessary, upon the request of staff or any New Generation representative.
4. I agree that in accepting shelter from New Generation, I will in no way hold them responsible or liable for:
  - a) any debts, personal injuries, losses through fire or theft which may result of my association with them while I am in or about the premises.
  - b) any complications relating to my pregnancy, labor, delivery or any other aspect of my association with them.
5. I grant permission for any staff or representative of New Generation to inspect my belongings at any time and remove from them any liquor, drugs or medication.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL SERVICES FOR CHILD

I \_\_\_\_\_, give permission for my child/children to receive medical services in the event of an emergency, accident, or illness, and I am not present and cannot be reached immediately.

Names of Children:

DOB:

Social Security#:

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date



**CONFIDENTIAL**

**Background Check Authorization**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize \_\_\_**New Generation**\_\_\_ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to \_\_\_**New Generation**\_\_\_ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

\_New Generation\_\_\_\_\_ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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

**Notice to California, Minnesota and Oklahoma Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.