Kitsap Homes of Compassion Housing and Case Management Application

Room desired (check one):	Private Room	Shared Room	
Application Information	h		
Full name		Date:	
Last	First	M.I	
Current Address:			
Street A			Apt/Unit #
City		State	Zip Code
Phone:	Email:		
Desired Move-in Date:			
Are you currently homeless	(sheltered or unsheltered	l)? YES NO	
Social Security Number:	Date of I	Birth:	
Driver's License Number/II) State & Number:		
Have you ever been convict	ed of a felony? YES	NO	
If yes, please explain:			
Case Management			
Case Management			
Are you interested in re remove barriers you ma stable housing? By select services that are unaffiliate to receive these services.	y have encountered wing YES you understand	th en attempting to that you are consent	o find and keep ting to receiving
YES NO			

Reference

Please give one reference

Full Name:					Relationship:	
Address:						
Phone:		Email	l:			
Emergency Contac	t					
Full Name:					Relationship:	
Address:						
Phone:		Email	l:			
Current Employme	ent					
Position:				Employer: _		
Address:						
Phone:		Employer's	s Email: _			
Sources of Income Include Social Security						
Income Source #1:						
Monthly amount: \$						
Income Source #1:						
Monthly amount: \$						
Vehicle						
Year:	Make:		Model:		License Plate #: _	
Drivers License #:						

Military Service

If applicable

Branch:	From:	To:
Rank at discharge:		Type of discharge:
If other than honora	able, please explain:	
Additional Detail	s	
Disclaimer and S	ignature	
I certify that my ansı	vers are true and complete to	o the best of my knowledge.
acquire no rights in a Program, until I sign 'tenant' but a particip Compassion the right and into my criminal history. Any consume application are for th inaccurate, frauduler	property or unit, or acceptanthis agreement and the Program that include to do an investigation into the background, personality, hear reports obtained by Kitsape sole purpose of investigating in the false, and/or misleading in the sole purpose of investigating in the property of the purpose of investigating in the p	ayable after approved and placed). I understand that I unce to become a participant in the Affordable Home gram Agreement. I understand that I will not be a des housing, if accepted. I give Kitsap Homes of the information I have provided in this application, ome sharing ability, substance use, and mental health of Homes of Compassion in connection with this ang into this application. I further understand that information may result in denial. The Director of the decision to accept applicants to this program.
health care providers any information I (ar and physical health, i) are not my treating health nd my references) provide to s subject only to Homes of Co	ompassion and its personnel (including any licensed care provider. I further acknowledge and agree that them, including information relating to my mental ompassion policies and procedures on the handling of laws governing the confidentiality of health
Signature:		
Date:		