

Kitsap Homes of Compassion  
Housing and Case Management Application

Room desired (check one):     Private Room     Shared Room

**Application Information**

Full name \_\_\_\_\_ Date: \_\_\_\_\_  
*Last*                                  *First*                                  *M.I*

Current Address: \_\_\_\_\_  
*Street Address*    *Apt/Unit #*

\_\_\_\_\_

*City*    *State*    *Zip Code*

Phone: \_\_\_\_\_                          Email: \_\_\_\_\_

Desired Move-in Date: \_\_\_\_\_

Are you currently homeless (sheltered or unsheltered)?     YES     NO

Social Security Number: \_\_\_\_\_    Date of Birth: \_\_\_\_\_

Driver's License Number/ID State & Number: \_\_\_\_\_

Have you ever been convicted of a felony?    YES                           NO

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

**Case Management**

**Are you interested in receiving housing support case management services to help remove barriers you may have encountered when attempting to find and keep stable housing?** *By selecting YES you understand that you are consenting to receiving services that are unaffiliated with the KHOC Housing Program. You must be in Kitsap County to receive these services.*

YES                           NO

**Reference**

*Please give one reference*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Current Employment**

*If employed*

Position: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Employer'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 honorable, please explain: \_\_\_\_\_

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**Additional Details**

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**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*\$20 SCREENING FEE IS NON-REFUNDABLE (payable after approved and placed). I understand that I acquire no rights in a property or unit, or acceptance to become a participant in a Kitsap Homes of Compassion program, until I sign this application and the lease (if approved). I give Kitsap Homes of Compassion the right to do an investigation into the information I have provided in this application, and into my criminal background, personality, home sharing ability, substance use, and mental health history. Any consumer reports obtained by Kitsap Homes of Compassion in connection with this application are for the sole purpose of investigating into this application. I further understand that inaccurate, fraudulent, false, and/or misleading information may result in denial. KHOC embraces people of every race, color, religion, gender, national origin, disability, or age. Any discrimination is illegal and will not be tolerated.*

*I acknowledge and agree that Kitsap Homes of Compassion and its personnel (including any licensed health care providers) are not my treating health care provider. I further acknowledge and agree that any information I (and my references) provide to them, including information relating to my mental and physical health, is subject to Kitsap Homes of Compassion policies and procedures on the handling of such information and to any state or federal laws governing the confidentiality of health information.*

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

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