

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

Are you in recovery and interested in Recovery Housing? 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:

How many children under the age of 18 do you have living with you? # _____

It is our policy to not allow pets, however a reasonable accommodation may be made with supporting documentation. I understand I do not understand

OPTIONAL: Preferred gender of home: Men Women Either/both

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

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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

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: _____