



HOUSING ASSISTANCE APPLICATION

Resounding Minds Ministries
Recharging. Refocusing. Rededicating.

Housing Assistance Application

First & Last Name: _____

Phone Number: _____

Email address: _____

Is this person at risk of homelessness?

Yes

No

Please describe circumstances.

Length of homelessness. Please circle one.

Not homeless at present

Less than one (1) month

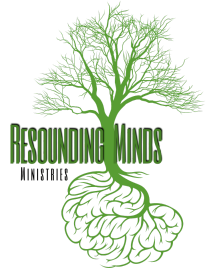
At least one (1) month but not more than six (6) months

At least one (1) year but less than two (2) years

Two (2) or more years

**Approximate length of time
in lifetime:**

Please continue to next page.



Within the last four (4) years, how many nights, months, or years, if any, have you spent in a shelter(s)? Please provide shelter info below.

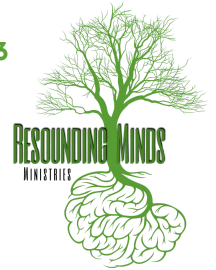
Where have you slept for the last thirty (30) days? Check all that apply.

Non Housing (Street, Park, Car)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Shelter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transitional Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Psychiatric Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Substance Abuse Treatment Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prison/Jail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Domestic Violence Shelter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Living with Friends/Family	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rental Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motel/Hotel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is applicant receiving a housing subsidy?

Yes No

If yes, what type of housing subsidy is the applicant receiving?



Does/Did applicant pay own rent?

- Yes No

Does/Did applicant pay own utilities?

- Yes No

Has applicant ever been evicted?

- Yes No

Please select reason(s) for leaving last housing situation.

Please check applicable reason(s).

- Eviction due to unpaid rent
- Eviction for reason other than unpaid rent
- Conflict with friends or family
- Overcrowding
- Domestic Violence
- Incarceration
- Hospitalization, including long term treatment
- Other, please explain

Please identify any contributing factors to housing instability:

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits. I understand that applying for assistance does not mean that my application is approved. I understand all applications are reviewed and are subject to the RMM approval guidelines.

Signature of Applicant

Date Signed