



Project Hope

P.O. Box 5548, Ocala, FL 34478 | 352-624-4673 | www.projecthopeocala.org

If your application is incomplete or not legible it could be denied or delay the application process.

> A transitional, faith-based, supportive housing program for single women with children. <

Today's Date: _____

Are you homeless? Yes No

Have you ever applied for this program before? Yes No

Please summarize your current living situation.

PERSONAL INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Please let us know who referred you or how you heard about Project Hope:

Ever received services under different name? Yes No

If yes, then provide:

First name: _____ Middle name: _____

Last name: _____ Suffix: _____

Marital Status:

Never Married Married Divorced Separated Widow

Date of Birth: ____/____/____

U. S. Citizen Yes No Alien Status: _____

(You must have a valid Florida Driver's License or State ID to be considered for the PH program)

Current Mailing Address: _____

City/State/Zip

Cell Phone: (_____) _____

Email: _____

Race (Please pick at least one racial designation, choose all that apply):

- American Indian or Alaska Native Black or African American White Asian
 Native Hawaiian or Other Pacific Islander Hispanic/Latino Other

Military Status: served in U.S. Military (*veteran*): Yes No
Before 2002 ___Yes ___ No

Will you need any accommodations to participate in this program? Yes No

Please explain your condition and describe what accommodations you will need:

CURRENT HOMELESS STATUS:

Where did you stay last night (choose one):

- | | |
|---|---|
| <input type="checkbox"/> Apartment or house that you own | <input type="checkbox"/> Permanent housing for homeless persons |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Car or Vehicle | <input type="checkbox"/> Room, apartment, or house that you rent |
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Staying in family member's room, apt. or house |
| <input type="checkbox"/> Foster care/foster care group home | <input type="checkbox"/> Staying in a friend's room, apartment or house |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Hotel or motel paid for with a voucher | <input type="checkbox"/> Transitional housing for homeless persons |
| <input type="checkbox"/> Hotel or motel paid for without voucher | <input type="checkbox"/> Transportation site or station |
| <input type="checkbox"/> Jail | <input type="checkbox"/> Migrant Shelter |
| <input type="checkbox"/> Juvenile detention facility | <input type="checkbox"/> On the street, under a bridge, etc. |
| <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other | |

If you are currently housed, are you being evicted within 30 days? Yes No

Where did you stay before last night? (choose one):

- | | |
|--|---|
| <input type="checkbox"/> Apartment or house that you own | <input type="checkbox"/> Permanent housing for homeless persons |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Prison |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Car or Vehicle | <input type="checkbox"/> Room, apartment, or house that you rent |
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Staying in a family member's room, apt. or house |
| <input type="checkbox"/> Foster care home/foster care grp home | <input type="checkbox"/> Staying or living in a friend's room, apt or house |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Hotel or motel paid for with a voucher | <input type="checkbox"/> Transitional housing for homeless persons |
| <input type="checkbox"/> Hotel or motel paid for without voucher | <input type="checkbox"/> Transportation site or station |
| <input type="checkbox"/> Jail | <input type="checkbox"/> Varied from place to place |
| <input type="checkbox"/> Juvenile detention facility | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Migrant Shelter | |
| <input type="checkbox"/> On the street, under a bridge, etc. | |

Total number of times homeless (including this time - choose one):

- 0 1 2 3 4 5 to 7 8 to 10 11 or More

Number of times homeless in the past five years (choose one):

- 0 1 2 3 4 5 to 7 8 to 10 11 or More

How long have you been homeless this time? (choose one):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Less than 1 month | <input type="checkbox"/> 1 to 3 months | <input type="checkbox"/> 4 to 6 months | <input type="checkbox"/> 7 to 11 months |
| <input type="checkbox"/> 12 mos. to 2 years | <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> 6 to 10 years | <input type="checkbox"/> More than 10 years |

Reasons or contributing factors to homeless situation (s) (may check more than one):

- Abuse or violence in my home
- Alcohol/substance abuse problems
- Asked to leave
- Bad credit
- Couldn't pay utilities
- Discharge from foster care
- Discharged from jail
- Discharged from prison
- Family member or personal illness
- Legal problems
- Lost a job/couldn't find work
- Medical expenses
- Mental illness
- Moved to find work
- Problems with public benefits
- Relationship problems or family break-up
- Reasons related to my sexual orientation
- Unable to pay rent/mortgage
- Other _____

Tell us about your last permanent address (where you last lived for 90 days or more):

Last Permanent Address: _____

Last Permanent City: _____ State/Province: _____

Last Permanent Zip Code: _____ Dates resided from _____ to _____

This address is: Within city limits of Ocala Outside of city limits, but within Marion County
 Other County _____

Please list all states that you have lived in since the age of 18:

State: _____ City: _____ County: _____ Dates lived there: _____

State: _____ City: _____ County: _____ Dates lived there: _____

State: _____ City: _____ County: _____ Dates lived there: _____

State: _____ City: _____ County: _____ Dates lived there: _____

EMPLOYMENT:

Currently Employed: Yes No How Many Hours Worked Last Week: _____

Type of Work: Full-time Part time Permanent Temporary Seasonal other Contract

If not employed, are you looking for work: Yes No

If not employed, how long did you work on last job: ___/___/___ to ___/___/___

Type of work: _____

If not employed explain why: _____

Income from work & other sources:

Received Income From Work Last Month: Yes No

Income from Employment in Dollars: \$ _____

Income received from other sources: Yes No

Unemployment: \$ _____ Retirement from Soc Security: \$ _____

Supplemental Security Income: \$ _____ Veteran's Pension: \$ _____

Social Security Disability Income: \$ _____ Pension from Former Job: \$ _____

Veteran's Disability Payment: \$ _____ Child Support: \$ _____

Private Disability Insurance: \$ _____ Alimony/Other Spousal Supp: \$ _____

Worker's Compensation: \$ _____ Aid to the Needy and Disabled: \$ _____

Temp Assist for Needy Families: \$ _____ Old Age Pension (OAP): \$ _____

General Assistance: \$ _____ Other Sources: \$ _____

Describe: _____ \$ _____

Non-Cash Benefits	Eligible	Application Submitted	Currently Receiving	Past Recipient
Food Stamps - \$_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Florida Kid Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women Infants Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's VA Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDS - Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance, Section 8, Housing Vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing assistance through any other agency: _____

Other benefit sources: _____

EDUCATION:

Are you in school now: Yes No

Working on a degree/certification: Yes No

Do you have a vocational or apprenticeship certificate: Yes No

Highest level of education completed (*choose one*):

- No schooling Preschool to 4th grade 5th or 6th grade 7th or 8th grade
- 9th grade 10th grade 11th grade 12th grade, no diploma
- High School Diploma GED Post-Secondary

Received Degrees (*choose all that apply*):

- Technical Degree or Certificate Associates Degree Bachelor's Degree
- Masters Degree Doctoral Degree Post-Doctoral Work
- Doctoral, all but dissertation Other Graduate Degree

CHILDREN (*for minors up to age 17*):

Total number of children: _____

Last Name	First Name	Sex	DOB	Race	Name of School/Daycare	SSN

If child(ren) is/are **between ages 4-17** and not in school explain why (*may check more than one*):

- | | | |
|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Residency requirements | <input type="checkbox"/> Birth certificates |
| <input type="checkbox"/> Physical exam requirements | <input type="checkbox"/> Immunization requirements | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Lack of available preschool programs | <input type="checkbox"/> Legal guardianship requirements | <input type="checkbox"/> Availability of school records |

If **younger than age 4**, why not in daycare (*may check more than one*):

- | | | |
|--|---|--|
| <input type="checkbox"/> Expensive | <input type="checkbox"/> Do not qualify for CDS | <input type="checkbox"/> Availability of records |
| <input type="checkbox"/> Not wanting to enroll | <input type="checkbox"/> Immunization requirements | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Lack of available/open programs | <input type="checkbox"/> Physical Exam requirements | <input type="checkbox"/> Legal guardianship requirements |

Who has legal custody of the child(ren)? _____ Where are they living?: _____

Do you or the other parent have visitation rights? Yes No

If yes, how often & where does this occur? _____

Is there a safety concern? If yes, please explain: _____

Have you ever been investigated for child abuse and/or neglect: Yes No - If yes, list dates involved: _____

If yes, explain incident: _____

DCF Caseworker's Name: _____ Phone: _____

City/State/County: _____ Dates of involvement: _____

What was the outcome? _____

DOMESTIC VIOLENCE:

Experienced Abuse: Current In the Past No

If Current or Past, How Recent:

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Immediately prior to contact | <input type="checkbox"/> 24-48 hours ago | <input type="checkbox"/> Last week | <input type="checkbox"/> Last month |
| <input type="checkbox"/> Past 3 months | <input type="checkbox"/> 3 - 6 months | <input type="checkbox"/> 6 -12 months | <input type="checkbox"/> More than 1 yr |
| <input type="checkbox"/> Don't know | | | |

Is there a current safety concern: Yes No

HEALTH INFORMATION:

General Health (*choose one*): Excellent Very Good Good Fair Poor

Currently Pregnant: Yes No Don't Know Not Applicable

If yes, what is the due date: ____/____/____ (MM/DD/YYYY)

DRUGS:

a. Have you ever used drugs? Yes No

If yes, when and what: _____

b. When was the last time you used drugs? _____

c. Have you ever been in a drug treatment program? Yes No

If yes, dates, city and state, name of treatment facility: _____

d. Have you ever been arrested for any drug related offenses? Yes No

If yes, dates, city and state, offense: _____

SUBSTANCE USE:

- a. When was the last time you had something alcoholic to drink? _____
- b. How much do you drink at one time? _____
- c. How many times did you drink last month? _____
- d. Is there a history of alcoholism in your family? _____
- e. Has your drinking caused any problems for you? Yes No
Please explain: _____
- f. Have you ever been arrested for any alcohol related driving offenses? Yes No
Please explain: _____
- g. Have you ever been in an alcohol treatment program? Yes No
If yes, when and where: _____

CRIMINAL BACKGROUND:

Have you ever been arrested or ever been charged with a Felony? Yes No
If yes, list dates, city, county, state, and explain: _____

Are you currently involved in any court/legal proceedings? Yes No
If yes, list dates, city, county, state, and explain: _____

ANSWER THE FOLLOWING QUESTIONS IN DETAIL (*attach an additional sheet if necessary*):

What steps have you taken, so far, to prevent you from becoming homeless?
1. _____
2. _____
3. _____

Once you obtain housing, what are your:
1. *Educational Goals*: _____
2. *Career Goals*: _____
3. *Life Goals*: _____

EMERGENCY CONTACT:

Name: _____
Address: _____
Phone: _____
Relationship: _____

REFERENCES: (List people, **unrelated to you**, who we can contact for references.)

Personal/Professional Reference:

Full Name: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____

How long have you known: _____

Personal/Professional Reference:

Full Name: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____

How long have you known: _____

Personal/Professional Reference:

Full Name: _____ Phone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____

How long have you known: _____

I give Project Hope permission to CONTACT ALL REFERENCES & run a CRIMINAL BACKGROUND CHECK (see pages 13 & 14 Fair Credit Reporting Act). I understand that if I fail to provide written permission, my application will not be processed. I further understand that I have been provided a copy of the agencies Privacy Practices and have read and understand them.

Applicant Signature

Date

Check ALL that Apply:

- | | |
|--|---|
| <input type="checkbox"/> Financial Resources are limited to a combined value of no more than \$2,000. | <input type="checkbox"/> Has worked in jobs covered by Social Security. |
| <input type="checkbox"/> Has a Social Security Number. | <input type="checkbox"/> Is EITHER Blind, Disabled or over age 65. |
| <input type="checkbox"/> Has a Disabling Condition. | <input type="checkbox"/> Is a US Citizen. |
| <input type="checkbox"/> Has not been arrested or convicted of Methamphetamine Use, Manufacturing or Distribution. | <input type="checkbox"/> Is a Florida Resident in Marion County. |
| <input type="checkbox"/> Has not exceeded Income Standards as defined by HUD. | <input type="checkbox"/> Is not a Registered Sex Offender. |
| | <input type="checkbox"/> Participated in Active US Military Service. |
| | <input type="checkbox"/> Was Honorably Discharged. |

ATTEST OF INFORMATION

I attest that all the information provided in this application is honest and accurate to the best of my knowledge. I understand that any deliberate misrepresentation of the information could result in my being denied acceptance into or expelled from transitional housing.

Applicant Signature

Date

Applicant Printed Name

Please Complete ALL 12 pages to include Fair Credit Reporting Act & CMIS Reprogram agreement. Incomplete or illegible applications will be returned. Return completed application to: Project Hope * 830 NE 28th St. #201 * Ocala, FL 34470
All applicants are to be assured of confidential treatment of personal information to the extent possible. Project Hope shall obtain written permission from the program participant in agreement of information to be releases, unless such program agreement is otherwise authorized by law.



Address & Employment History

Name of Applicant: _____

Intake Appointment: _____

List the places you have resided in the past 5 years.

1. Address: _____
Name of apartment complex: _____
City: _____ State: _____ Zip: _____
County: _____ Dates resided: _____ to _____
Within city limits of Ocala, Florida Yes No

2. Address: _____
Name of apartment complex: _____
City: _____ State: _____ Zip: _____
County: _____ Dates resided: _____ to _____
Within city limits of Ocala, Florida Yes No

3. Address: _____
Name of apartment complex: _____
City: _____ State: _____ Zip: _____
County: _____ Dates resided: _____ to _____

4. Address: _____
Name of apartment complex: _____
City: _____ State: _____ Zip: _____
County: _____ Dates resided: _____ to _____

5. Address: _____
Name of apartment complex: _____
City: _____ State: _____ Zip: _____
County: _____ Dates resided: _____ to _____

6. Address: _____
Name of apartment complex: _____
City: _____ State: _____ Zip: _____
County: _____ Dates resided: _____ to _____

7. Address: _____
Name of apartment complex: _____
City: _____ State: _____ Zip: _____
County: _____ Dates resided: _____ to _____

List the places you have been employed in the past 5 years.

Present Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Tasks: _____ Start Date: _____

Assigned Days & Hours: _____ Pay Rate: _____

1. Previous Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Task: _____ Start & End Dates: _____

Reason for Leaving: _____

2. Previous Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Task: _____ Start & End Dates: _____

Reason for Leaving: _____

3. Previous Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Task: _____ Start & End Dates: _____

Reason for Leaving: _____

4. Previous Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Task: _____ Start & End Dates: _____

Reason for Leaving: _____

5. Previous Employer:

Name of Company: _____ Name of Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Assigned Task: _____ Start & End Dates: _____

Reason for Leaving: _____

Project Hope of Marion County

Consent to Program Agreement Information

Project Hope has policies and procedures to protect confidential information when received on the telephone or during an interview. Our notice of Privacy Practices is available to you.

If you consent, we have the ability to share your information with our collaborating entities to be used for intake assessment. You can choose to share all or part of the information that you have submitted including basic demographic information, residential, employment skills/income, military/legal, service needs, goals, and outcomes. This cannot take place unless you provide written consent by signing and dating this **Consent to Reprogram Agreement Information**. No medical, mental health or substance use history will be shared unless you provide express written consent. Your information and information contained on the application about other residents will be shared for a period of no more than 4 years from today's date.

I, _____ authorize **Project Hope** to disclose to appropriate entities any information regarding my general condition, past and present, and/or information about other family members or other residents contained in the application concerning services provided to and/or required by me and others I have listed on the application. This consent may be revoked by me or any other family member or resident, at any time except to the extent that action has been taken in reliance thereon. This consent unless expressly revoked earlier will expire four years from the date indicated below. I declare that the information I give is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____

Witnessed by: _____

Date: _____

Print Name: _____

FAIR CREDIT REPORTING ACT

DISCLOSURE AND AUTHORIZATION

Disclosure: In order to evaluate your application for Project Hope’s Transitional Housing Program or, if accepted, to assist management with decisions, Project Hope may obtain consumer reports, investigate consumer reports and criminal history records check regarding you. These reports are any information from a consumer reporting agency bearing upon your credit history, character, reputation, personal characteristics, medical information, or mode of living which is used or collected for the purpose of informing any decision regarding your prospective or actual program relationship.

You have certain rights regarding these reports and their use as defined under the Fair Credit Reporting Act and as summarized in “A Summary of Your Rights under the Fair Credit Reporting Act” which has been provided to you.

Authorization: I voluntarily authorize Project Hope to obtain consumer reports, investigative consumer reports and criminal history records check about me in order to make informed decisions regarding my proposed or actual program relationship with Project Hope. The information obtained may include medical information. I acknowledge that I have rights under the Fair Credit Reporting Act including those discussed in “A Summary of Your Rights under the Fair Credit Reporting Act” which I have received and reviewed.

Printed Name

Date

Social Security Number

Date of Birth Male Female

Driver’s License # State

Maiden Name/Alias

Signature

Other Aliases

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 14 U.S.C. 1681-1681u et seq., at the Federal Trade Commission’s web site (<http://www.ftc.gov>) The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a stated attorney general to learn these rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source must also advise national CRAs – to which it has provided the data – of any error). The CRA must give you a written report of the investigation, and a copy of the report, if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is altered or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated or cannot be verified.** If your dispute results in any change in your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate information items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You can choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free number for you to call if you want your name and address excluded from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violated the FCRA, you may sue them in state or federal court.