****

**Application for Eagles Wing Transitional Housing Program**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which URM programs have you participated in? Circle any: New Beginnings – STEPS – Kitchen Prep

C2C – Working Guest - Respite

Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_

If no Driver’s License, why? Circle one: Expired – Lost – Suspended – Revoked – Never Had

Are you a U.S. Citizen? \_\_\_\_If not, what is your immigration status? \_\_\_\_\_\_\_\_

Do you have a birth certificate with you? \_\_\_\_\_\_\_\_\_

Are you currently on parole/probation? \_\_\_\_\_\_\_\_ If so for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you report?\_\_\_\_\_\_\_\_\_\_\_ Probation/Parole Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_

Are you currently under a doctor’s care? \_\_\_\_\_\_ If so for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr.’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr’s Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications and dosage:

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are you currently employed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What addictive substances have you used?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you attend AA, CR, or NA meetings?\_\_\_\_ Do you have a relapse prevention plan in place?\_\_\_\_\_\_\_

Can you furnish a written copy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which church do you attend on a weekly basis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any Bible studies you currently participate in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be considered for this housing program you must have a budget in place. Budgeting is designed to calculate your income versus your expenses in order to successfully manage your money. It’s a tool to help you successfully navigate your way through life by successfully managing your skills and assets. Proof of current income, (payroll stub, SSDI, etc.)

**Monthly Budget**

Income (payroll) $\_\_\_\_\_\_\_\_\_\_

Income (assistance) $\_\_\_\_\_\_\_\_\_\_

Tithe $\_\_\_\_\_\_\_\_\_\_

Savings $\_\_\_\_\_\_\_\_\_\_

Program Fees $\_\_\_\_\_\_\_\_\_\_

Groceries $\_\_\_\_\_\_\_\_\_\_

Eating out $\_\_\_\_\_\_\_\_\_\_

Entertainment $\_\_\_\_\_\_\_\_\_\_

Fines/Restitution $\_\_\_\_\_\_\_\_\_\_

Child Support $\_\_\_\_\_\_\_\_\_\_

Telephone $\_\_\_\_\_\_\_\_\_\_

Transportation $\_\_\_\_\_\_\_\_\_\_

Medical $\_\_\_\_\_\_\_\_\_\_

Legal $\_\_\_\_\_\_\_\_\_\_

Clothes $\_\_\_\_\_\_\_\_\_\_

Personal (Hygiene etc.) $\_\_\_\_\_\_\_\_\_\_

Education $\_\_\_\_\_\_\_\_\_\_

Misc. expenses $\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_

**Total Income** $\_\_\_\_\_\_\_\_\_\_

**Total Expenses** $\_\_\_\_\_\_\_\_\_\_

**Balance** $\_\_\_\_\_\_\_\_\_\_

**For Office Use Only – To Be Completed Only by Staff**

Date Application Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview Appointment Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_