HOUSING APPLICATION
For A-HOME's Independent Supportive Housing Programs

Date of application________________

Last Name: _____________________ First Name: __________________ MI: ____
Current Address:____
City, State, Zip Code:____
Home phone number: ______________Work phone number:__________________
Cell phone number:________________E-Mail Address:_______________________
Health Insurance: Medicare#_______________ MEDICAID #_________________
Other (type)_____________________________________ #____________________

Ethnicity:___________________ (optional)
Marital Status: ☐ Never Married ☐ Married ☐Widowed
☐ Separated ☐ Divorced/Annulled

Family Composition: list all individuals who will be residing in the unit

Name first, last	Relationship	Social Security #	Date of Birth	Gender M or F	Age
	SELF				

Are you a resident of Westchester County? ☐ YES ☐ NO
Are any of your family Westchester residents? ☐ YES ☐ NO

How did you learn about A-HOME? ______________________________________

Name, Agency and Phone # (if applicable) of person who referred you to A-HOME:

Why are you applying? ____

____

Check all that apply:
☐ **Economic/ Financial** ☐ **In temporary or time limited housing**
☐ **Potentially Homeless** ☐ **More Independence**
☐ **Better Living environment** ☐ **Companionship** ☐ **Homeless**
☐ **Other (specify)**____

Do you, or anyone who will be living with you, have any needs or disabilities, which would require special accommodations? ☐ **Yes** ☐ **No**
If yes, please explain: ____

____

Do you own a car? ☐ **Yes** ☐ **No** **Do you have use of a Car?** ☐ **Yes** ☐ **No**
If yes, to either Year__________ **Make**______________**Model**_______________
Do you have any pets? ☐ **Yes** ☐ **No**

Do you have a Section 8 housing voucher? ☐ **Yes** ☐ **No**
If yes, which Section 8 office?
(County/ Municipality/ specify)____
If no, have you applied for Section 8 Housing assistance? ☐ **Yes** ☐ **No**
With Westchester County? ☐ **Yes** ☐ **No** **Other?** ___________________________

RESIDENCES: Where have you lived in the past? Start with most recent:

Type of Housing	Rent amount	Location	Dates (From/To)	Reason for moving

Current Landlord:_________________________ **Phone Number:**________________
Address:____
Previous Landlord:_________________________ **Phone Number:**________________
Address:____

Have you ever been evicted or asked to leave a residence? ☐ **Yes** ☐ **No**
If yes, please explain: ____

Have you ever lived in shared living before? ☐ **Yes** ☐ **No**

EMPLOYMENT/EDUCATIONAL INFORMATION
For you and all individuals who will be living with you.

Name	Relationship	Attending School? (Yes or No) Where?	Last education level/grade completed	Employed? Yes or No. Where?
	Self			

FINANCIAL INFORMATION
Income (type) for you and all individuals who will be living with you.

	Name	Amount Monthly
SSI		
SOCIAL SECURITY DISABILITY		
SOCIAL SECURITY RETIREMENT		
PENSION		
EMPLOYMENT WAGES		
PUBLIC ASSISTANCE		
VETERANS BENEFITS		
UNEMPLOYMENT		
ALIMONY		
OTHER		
TOTAL INCOME FROM ALL SOURCES		**$**

RESOURCES: **AMOUNT**

CASH ON HAND	
BANK ACCOUNT (savings, checking, CD's)	
REAL ESTATE (estimate market value)	
STOCKS, BONDS, MONEY MARKET &/or IRA's	
LIFE INSURANCE (cash value)	
TOTAL FINANCIAL RESOURCES	**$**

Liabilities	**Name/ Location**	**Account #**	**Amount owed**
Bank Loan			
Credit card(s)			
Car loan			
Student loan			
Mortgage			
Rent owed			
Medical bills			
Child support Or Alimony			
Utilities (Electric, phone etc.)			
Other			

****Detailed income verification will be required later in the admissions process.****

Do you have any major outstanding debts? ☐ Yes ☐ No
If yes, please describe: ____

Have you, or anyone who will be living with you, ever been convicted of a crime?
☐ Yes ☐ No
If yes, please explain (When, where and what crime): ______________________

____

MEDICAL HISTORY for you and all individuals who will be living with you:

Use a separate sheet of paper if necessary	Name:	Name:	Name:	Name:
Medical Problem? Diagnosis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Medications Type and dosage:				
Able to take own medications?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hospitalizations (past 5 years) where and why?				
Allergies? Type?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Insurance? Type?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Date of last physical:				
Dr's Name:				

MENTAL HEALTH HISTORY for you and all individuals who will be living with you:

Use a separate sheet of paper if necessary	Name:	Name:	Name:	Name:
Diagnosis:				
Medications Type, dosage and frequency:				
Able to take own medications?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hospitalizations (past 5 years) where, length of stay and reason?				
Seeing a therapist? Who?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Seeing a psychiatrist? Who?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
In a day treatment? program? Where?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Do you, or anyone who will be living with you, have a history of alcohol or drug use? ☐ Yes ☐ No Who?____________________
Are you/they currently in a drug or alcohol treatment program? ☐Yes ☐No
If yes, Where? Contact person?: ____
Date of last use: __________ Substance(s) used: _____________________________

OTHER INFORMATION:
Do you, or anyone who will be living with you, smoke cigarettes? ☐ Yes ☐ No

Are you able to do any of the following independently without assistance?
Shopping ☐ Yes ☐ No Cooking ☐ Yes ☐ No Personal care ☐ Yes ☐ No
Cleaning ☐ Yes ☐ No Use public transportation ☐ Yes ☐ No
Handle your own finances ☐ Yes ☐ No
If no to any, please explain:____
____

Is there anything else you would like us to know about you or anyone else who will be living with you?

____

____

Did you complete this application without help? ☐ Yes ☐ No
If No, please explain____
Name & relationship of the person helping:________________________________
How did they help? ____

I hereby affirm that the above information is true and current. Falsification of information can result in termination of the application process or eviction.

Signature:_____________________________ Date: ___________________________

Please return to:

A-HOME
141 Tompkins Avenue Third Floor
Pleasantville, NY 10570

Phone Number: 914-741-0740 Fax: 914-741-0777
E-Mail: a-home@a-homehousing.org Website: a-homehousing.org