

DAEOC HOMELESS SHELTER

Preliminary Application

Date: _____ Contact Phone Numbers: _____ (home) _____ (cell) _____ (mess)

Number in people in your household that will be staying at the shelter: _____ Adults _____ Children

Does anyone in your household have income? YES NO. If so: Income source: _____ Amount: _____

In the last five years, have you ever been homeless & forced to sleep in a place that is not meant for human habitation YES NO

If yes please list: Date of homelessness: Location you slept: Length of Time:

*if more space is needed
use the back of this form

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you or anyone in your household ever been convicted of a crime? YES NO, If yes please list the charges & state received

List ALL Adults in your household that will be staying at the shelter: (if more space is needed please list on the back of this application)

Last Name:	Middle Int.	First Name:	Relationship:	Birthdate:	Gender:	SS#
_____	_____	_____	<u>HEAD OF HOUSEHOLD</u>	_____	M / F	_____
_____	_____	_____	_____	_____	M / F	_____

List ALL Children in your household that will be staying at the shelter with you: (if more space is needed please list on the back of this application)

Name:	Age:	Gender:	Name:	Age:	Gender:
_____	_____	M / F	_____	_____	M / F
_____	_____	M / F	_____	_____	M / F

Circle one, under each section, that best describes your family's situation:

Current Living Situation (last 24 hours):

Domestic Violence
Streets
Hotel paid by _____
Place to Place
Family/Friend
Other: _____

Cause:

Domestic Violence
Fire/Disaster
Other

Family Status:

Adults Only
Adults & Children ages 12-17
Adults & Children ages birth - 11

Veteran:

NO
YES if yes, who

*How long have you been in your current situation: _____

*Aliases/ Maiden Names: _____

Signature

Date

***This application must be completed fully
AND be accompanied by a referral letter**