

TENANCY APPLICATION

Today's date _____
 Name _____
 Date of Birth _____
 Height _____ Weight _____
 Last address _____

 Marital Status _____

Phone where you can be reached: _____
 Ok to Leave a Message? YES / NO
 Name of current contact: _____
 DL or ID # _____
 Expiration date _____
 Do you have a vehicle? YES / NO
 Status of Driver's License? _____

Gender: Male / Female
 Are you pregnant? YES / NO
 Veteran? YES / NO
 Do you have children? YES / NO
 Ages: _____ Sex: _____
 Are you paying Child Support? YES / NO

Current Living Situation (underline one):
 Homeless Shelter Detox Jail/Prison Family
 Rental Housing Transitional Living Other Facility
 Anticipated Release Date: _____
 Emergency Contact Name: _____ Number: _____

Why do you want to join our program at this time?

LEGAL HISTORY

Do you have any **LEGAL** problems to resolve while in our program? Yes/ No if yes, please describe

Do you have current charges? YES / NO
 If yes, what are they and when is your next court date? _____

Have you ever been arrested for any sexual misconduct of any kind? YES / NO
 If yes, explain: _____

Have you ever violated parole? YES / NO
 Reason for Violation: _____

Are you currently on or will you be on supervision? YES / NO DOC # _____
 Agency: _____ PO Name _____
 Phone: _____ Office Location _____

Do you have court fines? YES / NO
 If yes, how much? _____

Have you ever been convicted of any violent, sexual or arson related crimes? YES / NO
 Are you involved in any of the following legal proceedings? Diversion/ Divorce/ Civil Lawsuit/ Custody

List arrests, convictions, sentences, prior prison or jail commitments and probation history.

ALCOHOL AND DRUG USE

Do you have an addiction to drugs and/or alcohol? YES / NO. What is you clean date? _____

Substance	Frequency of Use	Age Started	Age Stopped	Route (oral, smoke, inhaled, injected, other)
Alcohol				
Marijuana				
Methamphetamine				
Heroin				
Spice/Molly				
Pharmaceuticals (list) _____ _____ _____				
Other				

Drug of choice _____

List names and dates of all treatment programs, Shelters, Domestic Violence shelters and Halfway Houses attended and length of stay _____

How many attempts have you made to get clean and sober in the past? _____
Most clean/sober time attained? _____

Do you have any plans for aftercare or outpatient programs while living at Truly Motivated YES / NO
If Yes, Explain _____

EMPLOYMENT HISTORY

Are you currently employed? YES / NO Do you have a resume? YES/ NO
If Yes, Employer _____

If No, Date of Last Employment? _____

Do you have EMPLOYMENT problems to resolve while in our program? YES/ NO if yes, please describe

Please list the different types of jobs you've had in the last 5 years _____

Are you willing (YES / NO) and capable (YES / NO) of working 40 hours a week of employment?

Are you a veteran? (YES/NO) Dates _____ Branch _____

What are your desired employment goals (Type of work, pay, etc)? What do you ENJOY doing?

MEDICAL HISTORY / PSYCHOLOGICAL HISTORY Do you have any **MEDICAL** problems to work on while in our program? Yes/ No if yes, please describe

When you did you last see a medical doctor? _____ Reason: _____

How would you describe your current physical health? Poor/ Fair/ Good/ Excellent

Do you currently have health insurance? YES / NO if yes, with who? _____

Are you currently being treated for any physical medical conditions? YES / NO

If yes please describe _____

Date of last TB test _____ Result _____ Date of last AIDS test _____ Result _____

Are you currently under the care of a doctor? Primary Care Physician? Yes/ No if yes,

Name of doctor _____ Number _____ Location _____

Do you have any **MENTAL HEALTH** problems to work on while in our program? YES/ NO if yes, please describe

Are you currently or will you be seeing a mental health professional? YES / NO if yes

Name of doctor _____ Number _____ Location _____

How would you describe your current mental health? Poor/ Fair/ Good/ Excellent

Are you on any prescribed medication? YES / NO if yes, please list medications

Medication	Reason	Dosage	Date started
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Have you been hospitalized in the last five years? YES / NO

If yes, please describe _____

Have you ever attempted suicide? YES / NO Date of incident? _____

FINANCIAL INFORMATION

Do you have any **FINANCIAL** problems to resolve while in our program? (debt, money management)

YES/ NO If yes, please describe

Are you able to afford the Truly Motivated's monthly rental fee? YES / NO

If no, what plans do you have for assistance until you are able? _____

Do you have a: checking account/ savings/ credit cards **Circle those that apply**

What is your current source of income? Employed / SSI/ SSDI/ retirement/ disability/ collecting unemployment

Circle those that apply

Are you on or will you be on any food or cash benefits? _____

Do you have any physical challenges that might interfere with either your employment or your ability to perform basic household chores? YES / NO

If yes, please describe _____

EDUCATION HISTORY

Do you have any **EDUCATION** problems to resolve while in our program? YES/ NO if yes, please describe

Highest level completed?

Have you ever been diagnosed with a learning disability? YES/ NO if yes, please describe

RELATIONSHIPS

Do you have any **RELATIONSHIP** or **FAMILY** issues you want to resolve while in our program? If yes, please describe

SPIRITUAL

Do you have any spiritual problems to resolve/ work on while in our program? If yes, please describe

Are you currently involved with a church or religious organization? YES/ NO if yes, which one?

Did you attend church or another religious organization as a child? YES/ NO if yes, which one(s) ?

Do you have any goals of a spiritual or religious nature? YES/ NO if yes, please describe _____

I understand that an application does not guarantee housing or availability. By signing below I provide Truly Motivated Transitional Living authorization to share, verify and discuss any information included in this application with legal, medical and funding agencies. I understand Truly Motivated values my privacy and will take steps to protect and secure my private information.

Sign _____ Date _____

All information on this application is true to the best of my ability

Applicant Name (Print) _____

Applicant Signature _____ Date _____

Desired Move In Date? _____

APPLICATION PROCESS:

1.COMPLETE APPLICATION AND SUBMIT FORM BY FAX, MAIL OR EMAIL

2.COMPLETE INTERVIEW and SCREENING / PASS BACKGROUND CHECK

3.IF APPROVED, ARRANGE TIME AND DATE OF ARRIVAL

BACKGROUND AUTHORIZATION

Print name _____
(First) (Middle) (Last)

Former Names Used _____

Driver's License # or ID # _____

Birth Date _____ Social Security # _____

Current Address _____

Previous Address _____

For the safety of our homes and community a background check through the Washington State Patrol will be completed for all applicants. This is not to say that a felony conviction will keep you from being a resident at Truly Motivated. Truly Motivated does not accept sex offenders and will make decisions concerning arson and violent crimes on a person to person basis. By signing below, you are acknowledging this and affirm that the above statements are true and complete.

Signature _____ Date _____

FOR OFFICE USE ONLY

INTERVIEWER _____ DATE _____ OUTCOME _____

MOVE IN DATE _____ HOUSE # _____ TRANSPORTATION? YES / NO