

JESUS CARES MINISTRIES
AFFORDABLE HOUSING APPLICATION
(2nd Adult refer to page 5)
TODAY'S DATE _____

Please write clearly.

NAME _____
(First) (Middle) (Last)

PHONE _____ AGE _____ BIRTH DATE _____ SOC. SECURITY # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____ RACE _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

IF UNMARRIED, ARE YOU CURRENTLY IN ANY DATING RELATIONSHIP? _____ YES _____ NO

DO YOU HAVE ANY CHILDREN: _____ If so:

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

HAS ANY CHILD BEEN A VICTIM OF ABUSE? _____ IF SO, PLEASE EXPLAIN: _____

HAS ANY CHILD BEEN ADDICTED TO DRUGS OR ALCOHOL? _____ IF SO, ARE THEY PRESENTLY IN COUNSELING? _____

IS ANY CHILD CURRENTLY ON MEDICATION OR BEEN DIAGNOSED WITH ANYTHING THAT REQUIRES MEDICATION? _____

MEDICAL INFORMATION

DO YOU HAVE ANY HEALTH PROBLEMS? IF SO, PLEASE EXPLAIN: _____

PLEASE LIST ANY CURRENT MEDICATIONS YOU ARE USING AND WHY:

_____	_____
_____	_____
_____	_____
_____	_____

HAVE YOU EVER RECEIVED COUNSELING OR THERAPY? _____.

WHAT WAS THE REASON FOR THE COUNSELING? _____

DO YOU HAVE ANY CURRENT ADDICTION ISSUES (eating disorders, alcohol, drugs, pornography, relationship, etc)?

YES _____ NO _____

DO YOU HAVE ANY HISTORY OF ADDICTIVE BEHAVIORS/DISORDERS?

YES _____ NO _____

HAVE YOU EVER BEEN DIAGNOSED OR TREATED FOR MENTAL ILLNESS OR MOOD DISORDERS?
(borderline personality, ADD, ADHD, bi-polar, schizophrenia, etc.)

YES _____ NO _____

DO YOU SMOKE CIGARETTES? _____ DO YOU USE ALCOHOL? _____ DO YOU USE ANY DRUGS? _____

HAVE YOU EVER BEEN A VICTIM OF ABUSE? _____

EDUCATION

ARE YOU NOW IN SCHOOL? _____ HIGHEST GRADE COMPLETED: _____

EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED? _____ MONTHLY WAGES: _____

EMPLOYER? _____

WHEN WAS THE LAST TIME YOU WERE EMPLOYED? _____

WHOM MAY WE CONTACT TO VERIFY PREVIOUS EMPLOYMENT:

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME? YES NO Misdemeanor Felony

IF SO, WHAT WAS THE REASON? _____ WHEN? _____

IF ANSWERING YES TO THE ABOVE, DO YOU HAVE ANY CURRENT PROBATION OR PAROLE REQUIREMENTS?

DO YOU HAVE ANY PENDING COURT DATES? _____

LIST YOUR PAROLE/PROBATION OFFICERS NAME/PHONE NUMBER: _____

DO YOU HAVE ANY OUTSTANDING WARRANTS FOR YOUR ARREST? YES NO

IF YES, FOR WHAT? _____

SOCIAL

WHAT SUPPORT SYSTEMS DO YOU HAVE AVAILABLE TO YOU? (list family members, social service agencies, churches, organizations, etc.) IF LISTING INDIVIDUALS, PLEASE INDICATE YOUR RELATIONSHIP TO THEM.

PLEASE LIST NAMES AND PHONE NUMBERS OF RELATIVES RESIDING IN ARIZONA?

FINANCIAL INFORMATION

ARE YOU RECEIVING GOVERNMENT ASSISTANCE? _____ LIST PROGRAMS AND AMOUNT OF ASSISTANCE AND CURRENT STATUS (ON BACK).

DO YOU CURRENTLY HAVE ANY MONEY OR BANK ACCOUNTS (Checking or Savings)? _____

HOW MUCH AND WHERE? _____

DO YOU OWN AN AUTOMOBILE? YES NO MAKE/MODEL _____ YEAR _____

DO YOU OWE MONEY ON THIS VEHICLE? Amount: _____

DO YOU HAVE A **VALID** INSURANCE? _____ COMPANY & EXPIRATION DATE: _____

I understand that if I own a car, I must have the financial means to pay for insurance and state registration to **legally** drive it, or I must park the vehicle until I have the financial means to do so. Place your initials here acknowledging you have read and agree _____.

IF YOU DO NOT HAVE AN AUTOMOBILE, YOUR NORMAL FORM(S) OF TRANSPORTATION:
 BUS FRIEND/FAMILY CAB OTHER _____

PLEASE LIST ANY OTHER CURRENT ASSETS (furniture, tv, electronic equipment, etc.)

DOES YOUR FAMILY HAVE ANY LUXURY ITEMS?

- Cell phone
- Manicured nails
- Car
- I have no luxury items
- PO Box (provide address) _____
- Storage facility, list amount owed _____, amount per month _____
- Other: _____

JESUS CARES MINISTRIES REQUIRES INDIVIDUALS LEARN TO LIVE WITHIN THEIR MEANS, ARE YOU WILLING TO RELEASE LUXURY ITEMS IN ORDER TO ACHIEVE YOUR FINANCIAL GOALS? YES NO

PLEASE LIST ANY CURRENT DEBT/UNPAID BILLS:

_____	_____
_____	_____
_____	_____
_____	_____

ARE YOU WILLING TO SUBMIT TO RANDOM DRUG TESTS WHILE AT THE FACILITY?

YES _____ NO _____

ARE YOU WILLING TO RELEASE ANY RECORDS/EVALUATIONS TO THE MINISTRY TO BE REVIEWED BY THE BOARD/COUNSELORS/DIRECTORS?

YES _____ NO _____

HOW LONG DO YOU ANTICIPATE BEING IN NEED OF AN AFFORDABLE HOUSING PROGRAM? _____

DO YOU ATTEND FELLOWSHIP? YES _____ NO _____

IF ABOVE IS YES, PLEASE LIST THE CHURCH YOU ATTEND AND YOUR PASTOR'S NAME AND PHONE NUMBER: _____

ARE YOU WILLING TO MAINTAIN FULL TIME WORK WHILE AT JESUS CARES MINISTRIES?

YES _____ NO _____

ARE YOU WILLING TO COMPLY WITH ALL POLICIES AND PROCEDURES NECESSARY FOR YOUR STAY IN THE AFFORDABLE HOUSING PROGRAM?

YES _____ NO _____

WHAT ARE YOUR GOALS (or what would you like to accomplish) WHILE STAYING AT JESUS CARES MINISTRIES?

Signature

Date

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YES _____ NO _____

ARE YOU WILLING TO RELEASE ANY RECORDS/EVALUATIONS TO THE MINISTRY TO BE REVIEWED BY BOARD AND/OR SOCIAL WORKER?

YES _____ NO _____

ARE YOU WILLING TO COMPLY WITH ALL POLICIES AND PROCEDURES NECESSARY FOR YOUR STAY IN THE AFFORDABLE HOUSING PROGRAM?

YES _____ NO _____

Signature

Date