

COOL TRANSITIONAL HOUSING
APPLICATION

For Office Use Only:

Date Application Received_____

PLEASE NOTE: If this application is NOT FILLED OUT COMPLETELY, you will not be considered for the program.

DO NOT FAX YOUR APPLICATION, USE THE US MAIL.

Requires a \$.44 stamp.

DATE_____

Referred By_____

Case Worker_____ Agency_____

IDENTIFYING INFORMATION

Full Name_____DOB_____Age_____Race_____

Social Security Number_____

Current Address_____

City_____State_____Zip_____

Previous Address_____

City_____State_____Zip_____

Phone Number_____

Marital Status: (circle one) Single Married Widowed Divorced Separated

Spouse's Full Name_____

Social Security Number_____DOB_____Age_____Race_____

Children's Full Names

_____DOB_____Gender_____

_____DOB_____Gender_____

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_____DOB_____Gender_____

_____DOB_____Gender_____

_____DOB_____Gender_____

Are you or your spouse a Veteran? _____

Have you been convicted of felony? _____ If so, when? _____

Agencies Contacted for Services

_____Date_____

_____Date_____

_____Date_____

Reason for Needing Housing _____

Reason for Wanting to be Part of the T-H Program _____

Present Shelter _____

Family _____ Friend _____ Motel _____ PADS _____ Car _____ Other _____

BACKGROUND INFORMATION

Nearest relative/friend (in case of emergency)

Name _____ Relationship _____

Address _____ Phone _____
Street/City/State/Zip

Education (Years Completed)

0 1 2 3 4 5 6 7 8 9 10 11 12 or GED _____

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College 1 2 3 4 Post Graduate 1 2 3 4 Field of Interest_____

Employment

Company
Name_____Supervisor_____

Location/Address_____

Phone_____ Position _____

Length of time at current position _____

Your employment: Full Time (35+ hpw)_____ Part Time (20 or less hpw)

Hourly Wage?_____

Spouse's Employer_____Supervisor_____

Location/Address_____

Phone_____Position_____

Length of time at current position?_____

Your Employment: Full Time (35+ hpw)_____Part Time (20 or less hpw)

Hourly Wage?_____

Other Sources of Monthly Income & Amount

Public Aid \$_____

Social Security/SSI \$_____

Veterans Assistance \$_____

Child Support \$_____

Food Stamps \$_____

Unemployment Compensation \$_____

General Assistance \$_____

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Medical/Dental Coverage Yes_____ No_____

Monthly Gross Income \$_____

Monthly Net Income \$_____

Outstanding Debts

Please attach a SEPARATE PAGE listing all your OUTSTANDING DEBTS and amounts of monthly payment to each creditor.

Have you written any checks that have been returned "non-sufficient funds" in the past five years. If so, please list separately.

Present Child Care

Name/Location/Phone_____

Cost (per day/week/month)_____

Transportation

Check all that apply:

_____ I own a car _____ I borrow a car _____ I take public transportation

Other (Please Explain)_____

Medical Background

Applicant/Doctor's Name_____ Phone_____

Hospitalization within the past 2 years/location_____

Diagnosed Illness/Disability_____

Diagnosed Mental/Emotional Illness_____

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Recovery Programs_____

Present Medication_____

Medical Background

Spouse's/Doctor's Name_____ Phone_____

Hospitalization within the past 2 years/location_____

Diagnosed Illness/Disability_____

Diagnosed Mental/Emotional Illness_____

Recovery Programs_____

Present Medication_____

Medical Background

Dependent/Doctor's Name_____ Phone_____

Hospitalization within the past 2 years/location_____

Diagnosed Illness/Disability_____

Present Medication_____

Medical Background

Dependent/Doctor's Name_____ Phone_____

Hospitalization within the past 2 years/location_____

Diagnosed Illness/Disability_____

Present Medication_____

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Outline a five year plan for your progress toward self-sufficiency.
Explain your goals and how you will accomplish them.

Goal for Year One _____
Steps to Accomplish Goal _____

Goal for Year Two _____
Steps to Accomplish Goal _____

Goal for Year Three _____
Steps to Accomplish Goal _____

Goal for Year Four _____
Steps to Accomplish Goal _____

Goal for Year Five _____
Steps to Accomplish Goal _____

Please list the qualities you possess that make you a good candidate for the
COOL Transitional Housing Program

History

Previous Address _____

City/State/Zip _____

Landlord _____ Rent/Mortgage \$ _____

Lease Expiration Date _____

Reason for Leaving _____

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Issues of Concern/Current Special Needs or Past Concern

Drug Abuse_____	Alcohol Abuse_____
Developmentally Disabled_____	Mental Illness_____
Former Corrections_____	Domestic/Physical Abuse_____
Sexual Abuse_____	Child Abuse_____
Juvenile Delinquency_____	Other_____

What types of help do you think will benefit you the most in becoming self-sufficient?

I verify that the information given in this application is complete, true and correct to the best of my knowledge.

I also understand that COOL will do a routine CRIMINAL BACKGROUND CHECK before entrance into the T-H program is possible.

Signature _____ Date_____

Social Security Number_____

Date of Birth_____

It is our policy to award Transitional Housing to families who fit our criteria at the time a housing unit becomes available. All applications are kept on file for six months from the date of receipt. In the event a housing unit becomes available that would suit your needs, a staff member will contact you to set up a time for a formal interview. Submitting an application is not a guarantee for admittance into the COOL Program.

Updated 05/09