



## Housing Program Application

We are glad that you are interested in applying for The Dwellings. The Dwellings is a housing program operated under CESC, Inc., a nonprofit organization that is *focused on offering help and hope by creating solutions that provide a path to self-sufficiency to those in poverty*. We strive to meet this mission by offering participants affordable housing and program services that assist in achieving and/or maintaining their independence. The Dwellings does not provide 24-hour support to participants and is unable to provide on-site counseling or medical care. Individuals who have existing support services in place to meet these needs are encouraged to apply for our program.

Described here are the eligibility criteria for The Dwellings and some basic program information. This application is used to determine *whether you are eligible and whether this program can offer you the support and assistance you desire*. The questions in this application are included solely as a way of determining whether our program is a good fit for your needs and current situation.

Please complete this application and return it to our administrative office or send it to Dwellings staff via email. **Unfortunately, we are unable to review incomplete applications.** Once we receive your completed application, we will review it and contact you within 3 business days to provide an application decision. If you meet our eligibility requirements, we will contact you to discuss next steps in the application process.

Thank you for your interest. We look forward to hearing from you soon.

## Eligibility Criteria

Acceptance into The Dwellings Housing Program will be made on a case-by-case basis, based on the following minimum eligibility criteria and guidelines.

Applicant must:

- Be at least 18 years of age
- Not be required to register as a sexual predator or sexual offender
- Be willing to adhere to and participant in The Dwellings course requirements
- Meet the **minimum** net monthly income requirement for desired unit size:
  - Small - \$1,500.00/mo.
  - Medium - \$1,875.00/mo.
  - Large - \$2,250.00/mo.

## **Housing Program Information**

The Dwellings can provide:

- Goal setting and development assistance
- Community service and resource referrals
- Affordable housing with community amenities
- Permanent or alternative housing assistance
- On-site programs and events to assist with strengthening life-skills

## Application

Contact Information	
Today's Date	
First Name	
Last Name	
Date of Birth (month/day/year)	
Phone Number	
Email	
Preferred Method of Contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Where did you hear about our program?	<input type="checkbox"/> Social Media <input type="checkbox"/> Family/Friend <input type="checkbox"/> Website/Newsletter <input type="checkbox"/> Walk-in <input type="checkbox"/> Case Manager <input type="checkbox"/> Other _____
Background Information	
Gender	
Race	
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Primary Language	
County and State of Previous Residence	
Veteran Status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you required under the laws of	<input type="checkbox"/> Yes <input type="checkbox"/> No

the state or the Federal government to register as a sexual offender or predator?	
Please provide additional information relating to your criminal history, if applicable.	
How many children will be living with you?  Please list Age/Gender	
Where do you typically stay at night?	<input type="checkbox"/> Home <input type="checkbox"/> Family/Friend <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Car <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Other _____
Are there any accommodations you need assistance with?  For example, wheelchair accessibility.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a registered service animal?  <b>Please note we do not allow pets.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Financial Information</b>	
Monthly Income Amount ( <b>Net</b> )	
Income Source(s)  Please list all.	
Are you currently receiving food stamps?  If "Yes," please list amount.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Program Goals	
Please describe the types of resources or support you would like to get from the Dwellings program.	
What goals do you hope to achieve while in the Dwellings program?	
<p>I, _____, as part of the application process, consent to a background check inclusive of criminal, credit, and rental histories. I certify that all information provided is accurate to my knowledge.</p> <p>Signature: Print Name: Date:</p>	

**Please note: This is an application and does not constitute acceptance into The Dwellings Housing Program. If you are deemed eligible, an assessment will be scheduled with a Dwellings Program Manager to further understand your needs and personal background. Also, you will be asked to provide income verification, identity verification, and will be required to cover the cost (\$40.00) of an inclusive background search.**

**If you are not accepted into our housing program, we can provide information about other community resources that may be able to assist you.**

Office Use Only	
Eligible for the Dwellings program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, reason for denial.	
Other resources/referrals given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list.	
Application received and reviewed by  Name: Signature: Date Reviewed:	