

**Cornerstone Community Housing, Inc.  
EARLS PLACE  
1400 E. Lombard Street  
Baltimore, Maryland 21231**

## Application for Transitional Housing

<b>General Information</b>				
<b>Today's Date:</b>		<b>How did you hear about Earl's Place?</b>		
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>		
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>E-mail Address:</b>		
<b>Date of Birth:</b>		<b>Do you have your Birth Certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Social Security Number:</b>		<b>Do you have your Social Security Card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Do you have a photo ID?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Gender Identification?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
<b>Race (select all that apply):</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Some other race (not listed above)		<b>Hispanic or Latino Ethnicity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Housing Information</b>				
<b>Are you currently homeless?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Where are you currently staying? (address)</b>		
<b>Are you staying with friends or Family?</b>		<b>How long can you stay there?</b>		

**Have you ever applied for or received?**

<input type="checkbox"/> Section 8 Housing	<input type="checkbox"/> Public Housing
<input type="checkbox"/> Rental Allowance Program	<input type="checkbox"/> Shelter Plus Housing

**Have you ever lived in a situation where you shared a bathroom and/or kitchen with people other than your family?**

Yes  
 No

**When and where was that?** \_\_\_\_\_

**If Yes, describe in detail any problems:** \_\_\_\_\_

**Do you require special accommodations?**

\_\_\_\_\_

**Health Information**

**What type of health insurance do you have?**

Medicaid  
 Medicare  
 Private

<p><b>Do you have any physical health conditions?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Please list your conditions:</b></p> <p>_____ _____ _____</p>
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**Doctor's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

<p><b>Do you have any mental health issues?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Please list your diagnosis:</b></p> <p>_____ _____ _____</p>
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**Mental Health Provider's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Please list current medication:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any allergies?**

Yes  No

**If yes, list allergies:** \_\_\_\_\_

<p><b>Have you ever been treated for substance abuse?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>List treatment providers and approx. dates:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Do you attend NA/AA meetings?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Where is your home group? _____</p> <p>Your sponsor's name: _____</p> <p>Phone number: _____</p>		
<p><b>How old were you when you started using?</b></p> <p>_____</p>	<p><b>Date you last used?</b></p> <p>_____</p>		
<p><b>What is your drug of choice?</b></p> <p>_____</p>	<p><b>What drugs have you used?</b></p> <p>_____</p>		
<p><b>How often did you use?</b></p> <p>_____</p>	<p><b>What quantity did you use?</b></p> <p>_____</p>		
<p><b>Financial Information</b></p>			
<p><b>Income Sources/ Amount:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Employment Income  <input type="checkbox"/> General Public Assistance (TDAP)  <input type="checkbox"/> Supplemental Social Security Income (SSI)  <input type="checkbox"/> Social Security Disability Insurance (SSDI)  <input type="checkbox"/> Social Security (Retirement) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Food Stamps  <input type="checkbox"/> Pension  <input type="checkbox"/> Veterans Benefits  <input type="checkbox"/> Unemployment Benefits  <input type="checkbox"/> No Financial Resources  <input type="checkbox"/> Other: _____ </td> </tr> </table> <p><b>Total Amount received? \$</b> _____</p>		<input type="checkbox"/> Employment Income <input type="checkbox"/> General Public Assistance (TDAP) <input type="checkbox"/> Supplemental Social Security Income (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Social Security (Retirement)	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Pension <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> No Financial Resources <input type="checkbox"/> Other: _____
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<p><b>Employment Information</b></p>			
<p><b>Current Employer:</b></p> <p>Company: _____</p> <p>Job Title: _____</p> <p>Start Date: _____</p> <p>End Date: _____</p> <p>Hourly Pay: _____</p>	<p><b>Last Employer:</b></p> <p>Company: _____</p> <p>Job Title: _____</p> <p>Start Date: _____</p> <p>End Date: _____</p> <p>Hourly Pay: _____</p>		

## **Education Information**

**School:**

Name of last school attended? \_\_\_\_\_

**Education:**

Last grade completed: \_\_\_\_\_

**Do you have a GED?** Yes     No**Do you have a High School diploma?** Yes     No**Do you have a copy of your diploma or GED?** Yes     No     N/A**Do you have difficulty reading or writing?** Yes     No

## **Legal History**

**Have you ever been arrested?** Yes     No

Most recent charge(s): \_\_\_\_\_

**Are you currently on:** Probation  
 Parole  
 Neither**Have you ever been incarcerated?** Yes     No

Most recent incarceration? \_\_\_\_\_

**Are there any pending charges?** Yes     No

Longest period: \_\_\_\_\_

## **Credit History**

**Do you have any bank accounts? (If yes, with who?)**\_\_\_\_\_  
\_\_\_\_\_**Did you ever file for bankruptcy? If yes, when?**\_\_\_\_\_  
\_\_\_\_\_**List any known debts:**\_\_\_\_\_  
\_\_\_\_\_

**Goals**

**Please list three goals you would like to achieve in the next 24 months.**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Truthfulness Statement**

**To the best of my knowledge, I have filled out this application as truthfully, correctly and completely as possible. I understand that this information will be used to determine my eligibility for a unit and if it is false, incorrect, or incomplete my application may be rejected, or my tenancy terminated.**

**I agree to allow Cornerstone Community Housing management or their designated agent to verify the information on the application by interviewing my references and representatives of other agencies, verifying my income and asset information, obtaining my rental history and other information as needed.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Cornerstone Community Housing, Inc. provides transitional housing to single men who were formerly homeless without regard to their race, color, religion, national origin, family status, age, sexual orientation, or disability.**