



RESIDENT ELIGIBILITY CHECKLIST

Northway Farms offers approved residents affordable housing & dignified employment inside our safe & therapeutic farming community for up to 2 years. Residents are free to leave the program at any time, but are encouraged to stay the entire 2 years through graduation. Upon graduation of our residency program, a resident will thoughtfully transition into her community with established housing, employment, transportation, educational certification(s), professional references, supportive relationships, & a one-year budget + savings plan.

You may apply for our residency program if all of the following are true of you:

1. () I am at least 17 years of age.
2. () I am a US citizen.
3. () I am not legally or common law married.
4. () I have no child over 13 years of age currently in my care custody.
5. () I can provide my original birth certificate and social security card.

** Applicants may request assistance in receiving. Raised seal on birth certificate required.*

6. () My income has *not* exceeded 200% of the federal poverty level in more than two years.

* To calculate your percent of the poverty level, divide your gross annual income by number below. Move decimal point two (2) spaces to right in total—this is your total percent poverty. ((Example: If your gross income is \$20,000 a year for 1 person. \$20,000 (divided by) \$12,060 = 1.6584 = you are 165% of the federal poverty level)).

* If you make more than \$24,000 a year as a single person, you are *not* eligible for this program. If you have made less than \$24,000 for 2 consecutive years, you *are* eligible for this program.

- 1 person per household (\$12,060)
- 2 persons per household (\$16,240)
- 3 persons per household (\$20,420)
- 4 persons per household (\$24,600)

7. () I have been homeless, or residing in a place not meant for long-term human dwelling, for more than 90 days.

** Homeless dwellings include, but are not limited to: low income housing (HUD or government housing), more than 1 person per 150 square feet of space, a friend or family member's residence, homeless shelter, jail, hospital, substance abuse/detox facility, mental health treatment facility, any institutional care facility.*

8. () I do not have checking, savings, cash, investments, or material possessions totaling more than \$10,000.

**This includes endowment, property, car, computer/media, jewelry, etc.*

9. () I can provide proof of 90-day homelessness.

** At least 1 validation letter is required. Letters may come from: emergency shelter director, pastor, parole officer, employer, friend or family member, health or human service provider.*

10. () I have no mental, emotional, or physical illness or diagnosis that would impair my ability to work in a healthy way with man, animal, & land.

**Must be willing to work outside in sometimes physically demanding responsibilities and hot temperatures. Must be willing to show kindness & respect to fellow residents, farm event guests, community volunteers, donors, daily patrons, and visitors.*

11. () I have no criminal record of the following nature: capital murder, murder/manslaughter, kidnapping, child molestation, rape, arson, crimes of sexual nature or harm to a child.

12. () I am not currently abusing alcohol, drugs, or prescription medication.

13. () I have thoroughly read, understand, & commit to all terms of the *Northway Farms Residency-Employment Agreement*.

14. () I understand that my residency & employment at *Northway Farms* may be immediately terminated if I refuse to comply with the terms of this agreement.

15. () I understand the entirety of this application will be reviewed by the *Northway Farms* Board of Directors prior to my intake interview & acceptance offer letter.

16. () I have read & signed all required Resident Application Documents contained within this agreement.

- () PROGRAM OVERVIEW
- () RESIDENT ELIGIBILITY CHECKLIST
- () RESIDENCY PROGRAM PHASES OF ADVANCEMENT
- () RESIDENCY DISMISSAL TERMS & PROCEDURES
- () NORTHWAY FARMS BELIEFS & MOTIVATION OF CARE
- () ADDITIONAL INFORMATION SECTION
- () COMPLETED RESIDENT APPLICATION FORM

I state the above is true of me. I understand that falsifying any of the above information will result in immediate denial to this program.

NAME (Printed): _____

NAME (Signature): _____

TODAY'S DATE: _____