



APPLICATION FOR RESIDENCY

Incomplete or falsified form will not be accepted.

You may submit your completed application via mail or email.

Mail: Northway Farms / P.O. Box 6682, Bryan, TX 77805 // Email: northwayfarms@gmail.com

Today's Date:

Desired Residency Start Date & Why:

(example: end of housing lease, moving to town, released from facility or prison, etc.)

Legal Name (First, Middle, Last):

(First)

(Middle)

(Last)

Any "nicknames" you prefer or go by:

Date of Birth // City + State of Birth:

//

Biological Gender: Male / Female

Primary Language you Speak + Write fluently:

Do you have a valid photo ID? () Yes () No // Social Security Card? () Yes () No

If YES, Expiration Date: _____ ID# _____ State: _____

Family Type: () Single without children () Single with children () Single with children not in care custody

P.O. BOX 6682 BRYAN, TX 77805 | 979-589-1037 | NORTHWAYFARMS@GMAIL.COM

Names & Ages of all Biological Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

If children are not currently in your care custody, with whom & where do they reside?

Please explain reason why children are not currently in your care custody?

Relationship History:

- Never Legally Married
- Divorced
- Widowed
- Seperated
- Common Law Married
- Live in Partner, not married
- Currently in a relationship (local // out of town)

Highest Level of Education:

- some High School GED High School Graduate College Graduate School

Have you ever served in US military in any capacity?

Yes—Branch & date of discharge:

No

Where are your nearest, living family members?

Where did you sleep last night?

- Emergency shelter, including hotel paid by ER shelter
- Transitional housing for homeless persons
- Permanent housing for formerly homeless persons
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital (non-psychiatric)
- Jail, prison or juvenile detention facility
- Rental by client, no ongoing housing subsidy
- Owned by client
- Staying or living with a family member
- Staying or living with a friend
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Place not meant for habitation (Location: _____)
- Other
- Don't Know
- Refused

Current Residence Contact:

How long have you been sleeping in last night's residence? Check One

- 1 week or less 1 week to 1 month one to three months 3 months to 1 year 1 year or longer

How many times in the last 3 years have you been homeless? _____ Times

How long this time? _____

Housing Status: Literally homeless Unstably housed/at-risk of losing housing Stably housed

Do you have a disabling condition? Yes No

If so, do any of these conditions keep you from working? Yes No

Have you made less than 200% of federal poverty level over the past 2 years (see checklist for instructions)?

YES, I have lived below the federal poverty level for 2 consecutive years.

SOMETIMES, I have fallen below the federal poverty level intermittently for 2 consecutive years.

Briefly explain why you have struggled with poverty & homelessness (i.e. born into poverty, bad decisions, addiction, specific disability or impairment, incarceration, lack of job, loss of family, etc):

Have you ever had a lease in your name? Yes No
Have you ever had utilities in your name? Yes No
Have you ever been evicted from housing? Yes No

How many times? (please circle one)

0 1 2-3 4-9 10 or more

Would a prior landlord give you a bad reference?

Yes No

Do you have unpaid rent or utilities bills in your name?

Yes No

Do you have a credit history (as in ever had a loan, financing, lease, utilities, rent-to-own)?

Yes No Don't Know

Do you think you have poor credit history (long term unpaid bills)?

Yes No

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

If yes, what?: _____

When? _____

Are you currently on probation? Yes No

If Yes, what is the date your probation expires? _____/_____/_____

How would you rate your general health right now?

Excellent Good Fair Poor Don't Know Refused

Do you have a regular doctor? _____ If so, who and where:

When was your last medical exam, physical, or screening?

Are you currently taking any medication? (If so, list)

Are you supposed to be taking medication but do not have it? (list)

Do you have any known allergies? No Yes If so, what?

Do you currently use alcohol? No Yes Frequency _____

Do you currently use drugs? No Yes Frequency _____

Do you have a history of alcohol or substance abuse? No Yes

Length of sobriety _____

Have you ever received treatment for substance abuse? (detox, rehab, etc.) If yes, where, how many times, & length of stay each time.

Have you ever received therapy from a licensed mental health professional? () Yes () No

If yes, explain some of your initial symptoms (i.e. depression, sleeplessness, anxiety, etc.)

Have you ever received treatment for a mental health issue? () Yes () No

If yes, where, for what diagnosis, how many times, & length of stay each time?

Are you currently or could be you be pregnant? () Yes () No () Don't Know

If yes, how many months along are you? _____

If yes, have you been for your prenatal exam? _____

HIV Status: () Neg () Pos () Don't Know

Interested in HIV test? () Yes () No

Have you applied for disability? () Yes () No () Not Applicable

Is there any other information that would be important to know about your health?

Has your physical health ever caused you to lose your housing?

Yes No

Does your physical health affect your ability to get housing, or limit your housing options?

Yes No

Have you ever lost your housing because of your mental health (being hospitalized, having neighbors complain about your behavior because of symptoms, having symptoms that stopped you from taking care of your home etc.)?

Yes No

Do you have a mental health issue that currently affects your ability to get housing?

Yes No

Has substance use (drugs or alcohol) ever caused you to lose your housing?

Yes No

Do you think current substance use affect your ability to get housing?

Yes No

Domestic Violence/Abuse

Are you currently fleeing abuse? Yes No

Has domestic violence or abuse ever caused you to lose your housing?

Yes No

Have you ever been the victim of domestic violence?

Yes No About how long ago? _____

Have you received any income or benefits from any of the following sources in the past 30 days?
(Check all that apply)

- Earned Income
- Unemployment
- Social Security
- Veteran's Disability
- Private Disability
- Worker's Comp
- Temporary Assistance for Low Income Families
- Retirement from Social Security
- Pension from former job
- Child Support
- Alimony
- MEDICAID
- Food Stamps
- Child care services
- Transportation Services
- Low Income Housing or Rental Assistance

Is there any other information you would like to share with us about your financial situation?

About how much money can you spend on housing each month right now (please circle one)?

\$0 \$1-100 \$101-200 \$201-300 \$301-400 \$401-500 \$501-600 \$601-700 \$701-800 more than \$801

Are you currently employed?

Yes No

If YES, are you part-time or full-time? How long at this employer? Describe job responsibilities:

Do you have a working car or other reliable transportation? Yes No

Do you have a bank account? Yes No

Do you have \$500 or more on hand right now? Yes No

Do you owe money to any of the following? (please circle):

Landlord	Water	Gas Company	Electric Company	Phone Company	Large Medical Bill
Back Child Support	Child Support	Current Child Support		Court Fines	Other

If court fines, what jurisdiction?

What bills do you currently pay every month?

Do you have access to a working cell phone or landline?

() Yes

() No

If yes, what is that number? _____

Email Address (if applicable):

What is the best way to contact you & when?
(If mail, please include current mailing address).

By signing below, I state that all information in this application is current & accurate. I have thoroughly read & understand the entirety of this booklet, and feel confident I am an ideal candidate for residential employment at *Northway Farms*. By signing below, I commit to respect, honor, & uphold all terms stated in this agreement for my length of stay at *Northway Farms*. I have every intention & motivation to complete the full two (2) year residential agreement as a graduate of this program. I agree the above information may be reviewed & discussed *only* with acting members of the *Northway Farms* Board of Directors in order to determine my approval to the program.

Name (Printed): _____

Name (Signature): _____

Today's Date: _____

**** A REPRESENTATIVE WITH NORTHWAY FARMS WILL CONTACT YOU
WITHIN 1-3 DAYS OF RECEIVING THIS APPLICATION.**