

City of Urbana
Dept. of Community Development Services
Transitional Housing Program

APPLICATION

Instructions: Please fill out the application as completely and neatly as possible. Each adult in the family applying for the Transitional Housing Program should complete a separate form. There is no "right" or "wrong" response. This application is meant to help us determine if the Transitional Housing Program would be of help to you.

General Information

A. List all persons who will be living in the dwelling unit:

Full Name – first, middle, last	Relationship	Date of Birth	Age	Social Security Number

B. Current Address: _____

C. Current Living Arrangement: _____

D. Phone Number where you can be reached: AM _____
PM _____

E. Education History:

	School Attended	Grade Completed				Year of Graduation/ Completion	Degree Earned/ Skills Learned
Grade School							
Middle School or Junior High							
High School (place an x in box of highest grade completed)		9	10	11	12		
College (place an x in box of highest grade completed)		Fr.	So.	Jr.	Sr.		
Special Training							
Other							

F. Work History - Please provide the following information for your last three (3) jobs:

Employer	Address / Phone	Start / Finish	Job Position	Pay Rate	Reason for Leaving
					Check all that apply: <input type="checkbox"/> Problems with Supervisor <input type="checkbox"/> Constant tardiness <input type="checkbox"/> Not satisfied at work <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid-off <input type="checkbox"/> Other (Please Explain)
					Check all that apply: <input type="checkbox"/> Problems with Supervisor <input type="checkbox"/> Constant tardiness <input type="checkbox"/> Not satisfied at work <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid-off <input type="checkbox"/> Other (Please Explain)
					Check all that apply: <input type="checkbox"/> Problems with Supervisor <input type="checkbox"/> Constant tardiness <input type="checkbox"/> Not satisfied at work <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid-off <input type="checkbox"/> Other (Please Explain)

1. If unemployed, are you currently looking for employment? Explain when, where, (e.g. County Market), and how (e.g. newspaper ads) you are looking for employment: _____

2. What life experiences do you have that might help you on the job?

☐ Work well with people
☐ Good verbal skills
☐ Clerical experience: Explain _____ Typing (wpm) _____
☐ Computer skills: Explain _____
☐ Hobbies: List _____
☐ Household maintenance skills: List _____
☐ Volunteer skills: Explain _____
☐ Good writing skills
☐ Plumbing experience
☐ Electrical experience
☐ Food Service experience
☐ Construction work
☐ Assembly Line work
☐ Retail Sales work
☐ Medical Assistance experience
☐ Cosmetology
☐ Driving experience
☐ Auto mechanic
☐ Day Care experience with children or elderly
☐ Other _____

G. Financial History

1. What was last month's total income for your family? _____

2. Check all sources of income and write the amount in the following space amount:

<input type="checkbox"/> Public Aid _____	<input type="checkbox"/> Social Security _____
<input type="checkbox"/> Food stamps _____	<input type="checkbox"/> Township _____
<input type="checkbox"/> Paycheck _____	<input type="checkbox"/> Other _____

3. Check all that you spent last month's income on and write how much after each choice:
*(cleaning supplies, personal)

<input type="checkbox"/> Rent _____	<input type="checkbox"/> Clothing _____
<input type="checkbox"/> Utilities _____	<input type="checkbox"/> Transportation _____
<input type="checkbox"/> Food _____	<input type="checkbox"/> Medical _____
<input type="checkbox"/> Cigarettes _____	<input type="checkbox"/> Baby/Child Needs _____
<input type="checkbox"/> Child Care _____	<input type="checkbox"/> Debt Payment _____
<input type="checkbox"/> Entertainment _____	<input type="checkbox"/> Non-food items _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

4. Will your income change in the next six (6) months? _____

If so, how? _____

5. What bills/debts/fines (including personal loans and outstanding bills with utility companies) do you presently need to pay and how much do you owe? (Please check all that apply.)

Bills	Amount Owed	Explanation/Why
<input type="checkbox"/> AmerenIP (electricity & gas)		
<input type="checkbox"/> Illinois-American Water Company		
<input type="checkbox"/> Comcast Cable		
<input type="checkbox"/> Urbana-Champaign Sanitary District		
<input type="checkbox"/> Telephone: Which company? _____.		
<input type="checkbox"/> Cell Phone: Which company? _____.		
<input type="checkbox"/> Auto Insurance <input type="checkbox"/> Life Insurance		
<input type="checkbox"/> Parking ticket <input type="checkbox"/> Speeding tickets <input type="checkbox"/> Court Fines		
<input type="checkbox"/> Hospital Bills/Medical Bills		
<input type="checkbox"/> Credit cards: How many? _____.		
<input type="checkbox"/> Unpaid rent owed		
<input type="checkbox"/> Other		

H. Rental History:

Address	Landlord's Name & Phone Number	Rent Amount	From / To	Reason for Leaving

**If you did not rent, complete the table for the places you lived in the past year. Complete all sections that apply.*

I. Are you the head of the family? ☐ Yes ☐ No

1. What are the needs of you and your family, other than housing? _____

2. Do you have access to transportation? ☐ Yes ☐ No If yes, explain: _____

3. Do you have access to child care for your family? ☐ Yes ☐ No If yes, from whom? _____

4. Do you have children enrolled in school? ☐ Yes ☐ No If yes, where? _____

What grade are they in? _____

5. Does your spouse/boyfriend have child visitation arrangements? ☐ Yes ☐ No ☐ N/A

If yes, explain: _____

6. Do you have an Order of Protection? ☐ Yes ☐ No ☐ N/A

If yes, explain: _____

J. Have you ever been involved with the following agencies for any counseling assessments?

(If so, circle the number of those that apply and state when the assessment(s) occurred):

1. Division of Rehabilitation Services (DORS): _____

2. Community Elements (formerly MHCoCC): _____

3. U of I Psychological Services Center: _____

4. Department of Children & Family Services (DCFS): _____

5. Other: _____

K. What other agencies in this community are you involved with? (Include Probation, Dept. of Human Services, Family Service of Champaign County, Community Elements (MHC), Prairie Center, C-U Public Health District, Champaign County Regional Planning Commission, Crisis Nursery, etc.):

Name of Agency _____

Worker _____

How long involved? _____

Currently involved? ☐ Yes ☐ No

Name of Agency _____

Worker _____

How long involved? _____

Currently involved? ☐ Yes ☐ No

Name of Agency _____

Worker _____

How long involved? _____

Currently involved? ☐ Yes ☐ No

Name of Agency _____

Worker _____

How long involved? _____

Currently involved? ☐ Yes ☐ No

☐ I acknowledge that the above information is true to the best of my knowledge.

Signature

Date

Signature

Date

Witness for Verification of Eligibility

Date