HOPE HOUSING INITIATIVE OF INDIANA
Building Stability. Inspiring Hope.

HOUSING APPLICATION

Complete after initial screening. Please answer all applicable questions.

1. APPLICANT IDENTIFICATION

Full Legal Name _____	**Preferred Name** _____
Date of Birth _____	**Phone Number** _____
Email Address _____	**Referral Agency / Contact** _____

Are you 18 years of age or older? ☐ Yes ☐ No

2. HOUSING HISTORY

Where are you staying now? ☐ Street / unsheltered ☐ Shelter ☐ With family/friends ☐ Motel ☐ Rental ☐ Other: _____

How long have you been in your current living situation?

_____

3. INCOME, EMPLOYMENT & FINANCIAL READINESS

Current income source(s): ☐ Employment ☐ SSI/SSDI ☐ VA benefits ☐ Pension ☐ Public assistance ☐ Other: _____

Employer / Income Source _____	**Approx. Monthly Income** _____
Work Schedule (if employed) _____	**Pay Frequency** _____

Are you currently able to contribute toward a weekly or monthly program fee? ☐ Yes ☐ No ☐ Unsure

If not currently employed, what is your plan for income or employment?

_____

4. REENTRY / LEGAL SUPERVISION (IF APPLICABLE)

Are you currently on probation, parole, community corrections, or other supervision? ☐ No ☐ Yes

Supervising Officer / Agency _____	**Officer Phone / Email** _____
County / Jurisdiction _____	**Expected End Date** _____

Do you have any court, supervision, or residency requirements that may affect where you can live? ☐ No ☐ Yes

If yes, please explain the requirement(s).

_____

5. SUPPORT NEEDS & SERVICES

This section helps HHI understand what support or referrals may be helpful. Answering a support question does not by itself determine acceptance.

Which areas would you like support? Check all that apply:

☐ Employment / job readiness ☐ Transportation ☐ Budgeting / financial skills ☐ Education / training ☐ Identification documents ☐ Benefits / public assistance ☐ Healthcare connection ☐ Counseling / behavioral health connection ☐ Recovery support ☐ Legal resources ☐ Family / parenting goals ☐ Permanent housing planning ☐ Life skills ☐ Other: _____

Are there any appointments, services, or community providers you are currently connected with that HHI should know about?

_____

_____

6. SHARED HOUSING READINESS

HHI provides structured supportive housing. Participants may share common spaces and are expected to respect other participants, property, staff, and program rules.

Are you willing to live in a shared housing environment? ☐ Yes ☐ No ☐ Unsure

Are you willing to participate in basic household responsibilities and keep your living area clean? ☐ Yes ☐ No

Are you willing to follow house rules, quiet hours, visitor expectations, and safety requirements? ☐ Yes ☐ No

Are you aware we have a no pet policy? ☐ Yes ☐ No

Is there anything that may make shared living difficult for you, or anything HHI should consider when discussing placement?

_____

_____

7. PERSONAL GOALS

What are your three most important goals for the next 3-6 months?

_____

_____

_____

What would successful participation in Hope Housing Initiative look like for you?

_____

_____

8. IDENTIFICATION & DOCUMENTS

Check documents you currently have: ☐ State ID / Driver License ☐ Social Security Card ☐ Birth Certificate ☐ Insurance Card ☐ Proof of Income / Benefits ☐ Probation / Parole paperwork (if applicable) ☐ Other: _____

Do you need help replacing any documents? ☐ No ☐ Yes Which: _____

9. EMERGENCY CONTACT & SUPPORT PERSON

Emergency Contact Name _____	**Relationship** _____
Phone Number _____	**Email Address** _____
Support Person / Case Manager (optional) _____	**Agency / Phone** _____

10. APPLICANT ACKNOWLEDGMENTS

Please read each statement and initial where indicated.

_____	I understand that completing this application does not guarantee admission or housing placement.
_____	I understand that HHI may request reasonable documentation to verify information relevant to program eligibility, income, supervision requirements, or housing placement.
_____	I agree to provide accurate and complete information and to notify HHI if important information changes before placement.
_____	I understand that HHI is a supportive housing program and that participation includes following applicable program agreements, house rules, safety expectations, and payment responsibilities.
_____	I understand that final placement depends on program eligibility, available space, the ability to safely meet program expectations, and HHI's ability to appropriately serve my housing needs.
_____	I understand that this application is not a lease, rental agreement, or promise of housing.

11. AUTHORIZATION TO CONTACT REFERRAL / SUPPORT PROVIDER

Optional. This limited authorization allows HHI to contact the person or agency listed below about housing coordination. A separate release may be required before sharing protected or confidential information.

I authorize HHI to contact: _____

Agency: _____ Phone # _____

For the limited purpose of: ☐ Referral verification ☐ Housing coordination ☐ Supervision requirements ☐ Other: _____

Applicant initials: _____ ☐ I do not authorize contact at this time.

12. CERTIFICATION & SIGNATURE

Is there anything else you want HHI to know when considering your application?

_____

_____

CERTIFICATION: I certify that the information I have provided is true and complete to the best of my knowledge. I understand that HHI may discuss next steps, request additional information, or determine that another housing option is more appropriate.

Applicant Signature: _____ Date: _____

HHI Staff Receiving Application: _____ Date: _____

FOR HHI USE ONLY

Initial Review: ☐ Potential Fit ☐ More Information Needed ☐ Not a Fit at This Time ☐ Waitlist / No Vacancy

Interview Date: _____ Interviewed By: _____

Proposed Location: _____ Follow-Up Needed:

_____

Final Status: ☐ Approved ☐ Not Approved ☐ Withdrawn ☐ Referred Elsewhere Date: _____

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