



# New Heights Application

For Young Adults Ages 18-24

## SECTION 1: PERSONAL PROFILE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:\* ( ) Male ( ) Female ( ) Other \_\_\_\_\_

Ethnicity:\* ( ) Hispanic ( ) Non-Hispanic

Race:\* ( ) American Indian/Alaska Native ( ) Asian ( ) Black/African American  
( ) Native Hawaiian/Pacific Islander ( ) White ( ) Other

Did you graduate from high school? Yes No If no, last grade completed: \_\_\_\_\_

Did you complete your GED? Yes No Currently Attending at \_\_\_\_\_

Are you currently on any medications? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Is it possible you may be pregnant? Yes No

\*Ethnicity, Race and Gender questions are for gathering statistical information only – answers have no bearing on application status

## SECTION 2: HOUSING NEEDS

Do you have a Disabling Condition that may require special unit accessibility or unit modification?

( ) No ( ) Yes (If yes, please explain) \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Are you willing to share an apartment with other roommates? ( ) No ( ) Yes

On a scale of 1-5, with 1 being the most organized, how would you rate your personal cleanliness? \_\_\_\_\_

Do you have a history of substance abuse? ( ) No ( ) Yes (If yes, please explain)

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

I understand that random drug screening is a part of this program and I agree to not use or have illegal drugs or alcohol while on any Harvest House property, including my assigned apartment. \_\_\_\_\_ (Please initial)

### **SECTION 3: HOUSING HISTORY**

**Current living situation:** (Select One)

- Emergency shelter, transitional housing, motel (Where? \_\_\_\_\_)
- Staying with family or friends (How much do you pay them monthly? \_\_\_\_\_)
- Place not meant for habitation (e.g. a vehicle, an abandoned building, outside, etc.)
- Other (Explain: \_\_\_\_\_)

**How long have you been staying at this location?** (Check One)

- one week or less  more than one week, but less than one month  one to three months
- more than three months, but less than a year  one year or longer

**Last permanent address where you felt stable:** (This may be your current living situation)

Residence Type (Parent's Home, Shared Home with Family/Friend): \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Left: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Are you currently homeless?**  No  Yes **Have you been homeless before?**  No  Yes

If yes, when was the last time? \_\_\_\_\_

How many times have you experienced homelessness within the last 3 years? \_\_\_\_\_

**Last 3 locations where you have lived:** (Address or description like Aunt's home, friend's couch, etc. with city and state)

1. \_\_\_\_\_ How long at this location? \_\_\_\_\_
2. \_\_\_\_\_ How long at this location? \_\_\_\_\_
3. \_\_\_\_\_ How long at this location? \_\_\_\_\_

### **SECTION 4: INCOME**

List **ALL** income you receive each month, including, Employment/Wages, Cash Assistance, Food Stamps, Social Security Payments, Disability Payments, Family Assistance, etc.

<b>Income Source (see above list)</b>	<b>Monthly Amount</b>
	\$
	\$
	\$
	\$
<b>TOTAL MONTHLY INCOME</b>	\$

## SECTION 5: EMPLOYMENT HISTORY

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Hiring Date: \_\_\_\_\_  
Average Number of Hours per Week: \_\_\_\_\_ Average Gross Monthly Pay: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## SECTION 6: TRANSPORTATION

Do you own a vehicle (legally in your name)? ( ) No ( ) Yes

If yes, list the make, model and color: \_\_\_\_\_

Monthly Payment amounts and to whom: \_\_\_\_\_

Name of Auto Insurance Company: \_\_\_\_\_

**Note:** To keep vehicles on HH properties, proof of a valid driver's license, current insurance and a valid registration will be required.

## SECTION 7: CRIMINAL HISTORY

Have you ever been arrested? ( ) No ( ) Yes (If yes, please explain each occurrence)

1. When: \_\_\_\_\_ Where: \_\_\_\_\_  
Charges: \_\_\_\_\_ Was there a conviction? Yes  No

2. When: \_\_\_\_\_ Where: \_\_\_\_\_  
Charges: \_\_\_\_\_ Was there a conviction? Yes  No

3. When: \_\_\_\_\_ Where: \_\_\_\_\_  
Charges: \_\_\_\_\_ Was there a conviction? Yes  No

Are you currently on probation/parole? ( ) No ( ) Yes (If yes, explain)

\_\_\_\_\_

Are you registered as a sex offender? ( ) No ( ) Yes (If yes, explain)

\_\_\_\_\_

## **SECTION 8: REFERENCES**

List two people and their phone numbers who can be contacted for references (not relatives):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List 3 goals you hope to achieve by participating in this program:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

## **CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION:**

I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information will disqualify me from being considered for housing with Harvest House. I hereby authorize Harvest House to verify all information within this application, including criminal background checks, employment verification and reference checks. It is understood that the information obtained will be kept confidential and will only be used in connection with this application for housing.

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Applicant Signature

Date

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Applicant Printed Name

**Applications may be mailed to or submitted in person at one of these locations:**

Harvest Family Haven Office 2447 Mango Ave, Sarasota, FL 34234

Harvest Church 209 N Lime Ave, Sarasota, FL 34237

Or fax applications to 941-960-1437

**PLEASE PUT: ATTN NEW HEIGHTS PROGRAM when mailing or faxing**

### **OFFICE USE ONLY**

Application received in office on \_\_\_\_\_ Is it complete? ( ) Yes ( ) No

Eligible for New Heights program ( ) Yes ( ) No

Notification Made By: \_\_\_\_\_ Date: \_\_\_\_\_