

Jemison Place

Tenant Application

The information requested in this application will be used to determine your eligibility for the Jemison Place program. Please answer all questions as thoroughly as possible. All responses will be kept completely confidential.

Please Return To:

Chances & Changes
PO Box 326
Geneseo, NY 14454
Phone (585) 658-3940

For Office Use Only

Application # _____
Project# _____
Date _____ **Time** _____
Application Accepted By: _____

Information solicited on this application is required by the apartment owner in order to assure that Federal Laws Prohibiting Discrimination against tenant applications on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. This information will not be used to discriminate against you. We are an equal housing opportunity organization.

Please review your application carefully. **If any questions are not answered, the application may be deemed to be incomplete and could be returned to you.**

Name _____

Address _____

City _____

Zip _____

Telephone _____

Age _____

Date of Birth _____

Last 4 numbers of SSN # _____

If you receive DSS Benefits, please complete the following:

DSS Case Number _____ Number on grant: _____

Name of Case Worker _____

Years/Months on DSS? _____ Are you currently sanctioned? _____ Yes _____ No

Jemison Place

Tenant Application

Family Composition (Person who will reside in apartment in addition to above named)

Name	Relationship	Birth Date	Last 4 #'s of SSN

Bedroom Size Requested:

- _____ (1) One Bedroom
_____ (2) Two Bedroom
_____ (3) Three Bedroom

Name of person we can contact in an emergency:

Name	Address	Phone#
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Jemison Place

Tenant Application

Present Living Conditions/Residence History

Which of the following best describes your current living situation?

___ Rent

___ Living in my own apartment

___ Homeless (in a shelter)

___ Living with friends'

___ In a program. Where _____

___ Living with parent's

___ Other Please specify _____

___ Living with other relatives

How long have you lived at your current residence? _____

What is your rental cost each month? _____

Does your rent include utilities? _____

If rent does not include utilities, what is your avg. cost per month? (Do not include phone or cable) _____

Do you receive rental assistance or rent subsidy? ___ Yes ___ No

If Yes, state amount \$ _____

How did you hear about this housing? _____

When would you be able to move into Jemison Place? _____

Why do you wish to move? _____

How many times have you moved in the past 12 months? _____

Are you being evicted? ___ Yes ___ No If yes, explain: _____

Are you or any household members full time students?

Names: _____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, list the offense and year of conviction. _____

Jemison Place

Tenant Application

Have you, or do you currently attend any treatment program? Yes No

If yes, where? _____

Will you authorize consent for release of information concerning this? Yes No

Using the scale described below, please indicate whether you and/or your family have been involved with or been required to participate in the following services.

Current = Currently Involved with the service.

Past Only = Was involved with the service in the past, but are not currently

Never = Have never been involved with the service.

Services Current Past Never If current or past, please explain

Services	Current	Past	Never	If current or past, please explain
Individual Counseling				
Chemical Dependency Counseling				
Family Counseling				
Career Counseling				
Protective Services				
Family Court				
Legal Services				
Probation/Parole				
Drug Court				
Other _____				

Legal History

Do you have any pending warrants and /or convictions? Yes No Dates _____

Do you have any unresolved outstanding charges? Yes No

If Yes to either of above please explain:

Are you currently on probation/parole? Yes No On parole? Yes No

Probation/parole officer name and phone number:

Are there any activities with your lawyer, probation/parole office, or the courts which would interfere with your involvement in services or your obtaining/maintaining employment? Yes No

Jemison Place

Tenant Application

Children

Please list your children who are 18 years of age or younger.

First Name	Last Name	Gender		Date of Birth	Age	Do You Have Custody?		Live with You?		PINS?	
		M	F			Y	N	Y	N	Y	N

Please list your children by first name in the same order as above and indicate whether or not each has a disability.

First Name	Physical Disability?	Mental Disability?	Developmental?	Please Explain		

Are you pregnant? ____Yes ____No

If yes, when is the baby due ____/____/____

Jemison Place

Tenant Application

Income and Support Services

Please identify your current sources of income by completing the following. Write "0" in the amount column if you have no income from the indicated source

Source	Amount	Per Time Period (Circle One)		
Earnings from Employment	\$	Week	Month	Year
Child Support	\$	Week	Month	Year
DSS Assistance or Temporary Assistance (TANF)	\$	Week	Month	Year
Section 8	\$	Week	Month	Year
SNAP	\$	Week	Month	Year
SSI	\$	Week	Month	Year
Unemployment Insurance	\$	Week	Month	Year
Disability Insurance	\$	Week	Month	Year
Other	\$	Week	Month	Year

We are an equal opportunity housing organization. We would appreciate your voluntary answer to the following questions.

Ethnicity (please circle)

Hispanic or Latino
Not Hispanic or Latino

Race (Circle all which apply)

American Indian, Alaska Native, Asian Black or African American, Native Hawaiian or Pacific Islander, White

Please read the following carefully before signing

Warning! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department or agency of the United States.

Any willful misrepresentation or concealment of any material fact that would affect eligibility for admission will be considered grounds for termination of lease and eviction. I, therefore declare the information provided to be true to the best of my knowledge.

Signature of Applicant

Address & Phone _____

Signature of person assisting with application

Date _____

Jemison Place

Tenant Application

Authorization for Release of Information

I, _____, Consent to allow **Jemison Place**, to request and obtain income, assets, credit, schooling and Landlord information from the sources attached to this form for the purpose of verifying my eligibility and level of benefits under **Jemison Place** assisted housing programs. I understand that housing authorities that receive income information under this consent form cannot use it to deny, refuse, or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to consent these determinations.

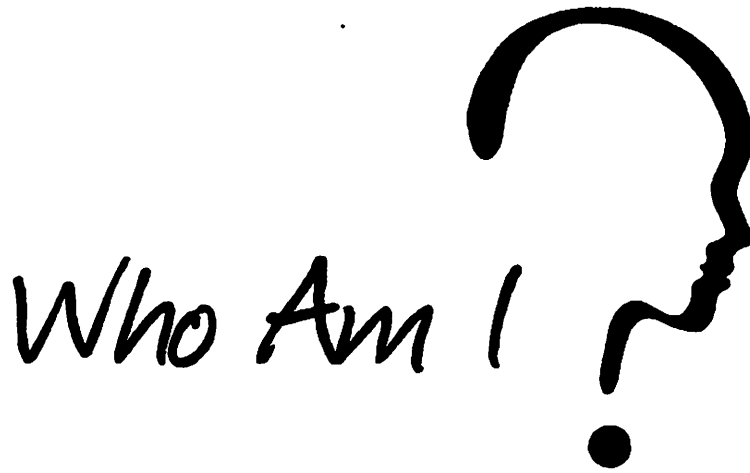
I have read this document and understand, and agree to the release of information in consideration for my occupancy or continued occupancy of an apartment operated by **Jemison Place**.

In conjunction with our application for renewal of a lease, I hereby certify that all information contained herein is true and correct. I understand that the material falsification of information provided may result in the rejection of this application or in termination of my lease agreement.

“By execution of this application, I hereby authorize **Jemison Place**, to make such investigation into my credit, employment and criminal history per the tenant selection criteria, and release all parties from all liability for any damage that may result from their furnishing information to you.”

Signature:

Name	Date	SSN#
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Jemison Place Transitional Housing Program

Name: _____ **Date:** _____

Where I Came From

I was born:

I grew up: _____

Some of the most significant things I remember about my early life are:

My Family

My family consists of: _____

My children are: _____

Do you have custody of your children? Yes No

2.

Who Am I?

Name _____

If you or a family member had personal problems, would you seek help from a counseling agency?

Yes

No

Do you have a support system of family and/or friends?

Yes

No

Do you turn to them when you are in need?

Yes

No

My Interests

My main interests are: _____

I enjoy these activities because: _____

My Skills & Abilities

The things I do well naturally or have learned to do well are:

I know I have these skills or abilities because:

3.

Who Am I?

Name _____

My School Life

Did you like school?

Yes

No

How was your attendance?

Excellent

Good

Fair

Poor

Subjects You Liked?

Subjects You Disliked?

Please describe any awards or honors earned: _____

You learn best by?

Reading

Listening

Hands-On

Demonstration

4.

Who Am I?

Name _____

My Work Life

My first job was: _____

I am presently responsible for or working as _____

Although I was not paid, I have been responsible for _____

Some of the things that I have liked about my work experiences are _____

Some of the things that I have not liked about my work experiences are _____

Jobs & Careers

The things that are most important to me in a job are _____

The job or career that I have been thinking about is: _____

This job or career is a good choice for me because it: _____

Personal Changes

Some of the things I would like to change about myself are: _____

Future Plans

The next thing I need to do is: _____

5.

Who Am I?

Name _____

We would like to make sure that the families who are in residence with us receive the support they need to succeed. With this in mind, please complete the following items. All responses will be kept completely confidential.

Please indicate how you would rate your abilities in the following skill areas:

Skills	Excellent	Very Good	Good	Fair	Poor
Time Mgmt.					
Housekeeping					
Money Mgmt./ Financial Skill					
Parenting Skill					
Stress Mgmt.					

When I become stressed I tend to: (Mark all that apply)

Eat	Stop Eating	Sleep	Use Drugs	Have Sex	Get Angry	Cry	Withdraw	Other

In the past 30 days, have you experienced any of the following?

Increased or decreased appetite

Difficulty sleeping

Upset or aching stomach

Loss of concentration

Weight gain or loss

Suicidal thoughts

If you checked any of the above, please explain: _____

6.

Who am I?

Name _____

In the past 30 days, how often would you say you felt?

	Never	Rarely	Sometimes	Most of the time	All of the time
Nervous					
Hopeless					
Restless or Fidgety					
So depressed nothing could cheer you up					
Everything was an effort					
Worthless					

In the past 30 days, how many days out of the 30 were you totally unable to work or carry out your normal activities because of these feelings? _____

In the past 30 days, how many times did you see a doctor or other health care professional about these feelings? _____

Please answer the following questions about yourself:

Within the past two years, have you had problems complying with work rules?

Yes No

Within the past two years, have you lost a job or gotten into trouble at work?

Yes No

Within the past two years have you had any legal problems?

Yes No

7.

Who Am I?

Name _____

Have you ever attempted to cut down on your alcohol or drug use?

Yes No

Have you felt the need to take a drink or use drugs when you awaken?

Yes No

Have you been annoyed by people making comments about your drinking or drug use?

Yes No

Have you ever been tested for the following medical problems?

Hepatitis C Liver Disease Tuberculosis

Yes No

Have you ever felt guilty about your drinking or drug use?

Yes No

Have you ever been in treatment for alcoholism and/or substance abuse?

Yes No

If yes, where and when? _____

Would you authorize a release of information for us to contact this person/institute? Yes No

Are you ever worried about losing your temper?

Yes No

Are you ever worried that you will hurt other people?

Yes No

Are you ever worried that you will hurt yourself?

Yes No

8.

Who Am I?

Name _____

About My Children

In this section, please list on a separate page each of your children who is 18 years of age or under. Then tell us about each child by responding to the items on the page. All responses will be kept completely confidential.

Child's Name:

Please complete the following items about the child named above:

He/she is currently receiving professional help for emotional issues or behavior problems (e.g., psychiatrist, therapist, school counselor.)

Yes No

If yes, please explain _____:

He/she is currently taking medication to help with his/her behavior or mood

Yes No

If yes, please explain: _____

He/she is currently having problems in day care or school

Yes No

If yes, please explain _____:

Teachers, family members, friends, or others have told me that they think he/she may need professional help

Yes No

If yes, please explain _____:

He/she has been exposed to trauma (e.g. witnessing violence, being a victim of physical or sexual abuse

Yes No

If yes, please explain _____

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Name _____

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Yes no

If yes, please explain _____



DOMESTIC/FAMILY ABUSE

PO Box 326
Geneseo, NY 14454
Website: chancesandchanges.org

HOUSING SUPPORT SERVICES

Phone: 585-658-3940
Fax: 585-658-9414
Hotline: 1-888-252-9360

CONSENT FOR RELEASE OF INFORMATION

INFORMATION TO BE RELEASED:

Information relevant to current applicant, case management and treatment recommendations.

PURPOSE OF DISCLOSURE:

To assist in transitional case management.

- I authorize the individual(s) and/or agency listed to disclose pertinent information to Jemison Place, the Jemison Place Case Manager and Jemison Place Admissions Sub-Committee.
- I authorize Jemison Place to disclose information as indicated above to the individual(s) and/or agency listed:
Agency:
CASA, Livingston County Mental Health, Livingston County DSS, CPS, any Drug or Alcohol Counseling, CASA, Focus on the Children, Law Enforcement, Catholic Charities & Pathstone Corporation.

My signature indicates that I know what information is being disclosed and the purpose of disclosure. I am aware this consent can be revoked in writing at any time.

This consent expires on: _____ unless revoked by me in writing, prior to this date.

Client Signature _____ Date _____

Witness Signature _____ (Position) Date _____