

**Chances & Changes, Inc.**  
**Jemison Place Transitional Housing Intake Packet**

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.

**Confidentiality Statement**

Chances & Changes is a confidential victim service program. Information provided will be used only to determine eligibility and provide services.

Your information will not be shared without your permission except where required by law (for example, mandatory reporting of child abuse or threats of serious harm).

The apartment owner requires information solicited on this application in order to ensure that Federal Laws Prohibiting Discrimination against tenant applications based on 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.**

**Applicant Information**

Name: \_\_\_\_\_  
Preferred Name (if different): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Office Use only**

Date Received: \_\_\_\_\_  
 Approved     Returned  
Returned Reason: \_\_\_\_\_

Safe to leave voicemail?

Yes  No

Safe email address: \_\_\_\_\_

Current address (if safe to provide): \_\_\_\_\_

**DSS TANF benefits are required as part of the application process.**

DSS Examiner: \_\_\_\_\_ PA Case Number: \_\_\_\_\_

Years/Months on Program: \_\_\_\_\_ Are you currently sanctioned?

**Emergency contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Household Members

Please list all household members who would live in the apartment.

Name	Gender	Relationship	Date of Birth	Age	Last 4 SSN	Do you have custody Y/N	Do they live with you Y/N	PINS? Y/N

Are you currently pregnant?

Yes

No

If yes, due date: \_\_\_\_\_

Does any member of your family, including you, have a disability? If so, please explain.

\_\_\_\_\_

Bedroom size requested:

1 Bedroom

2 Bedroom

3 Bedroom

## Current Housing Situation

Where are you currently staying?

Emergency shelter

Homeless / unsheltered

Staying with friends/family

Hotel / motel

Own apartment or house

Other: \_\_\_\_\_

How long have you been there? \_\_\_\_\_

Monthly rent (if applicable): \_\_\_\_\_

Do you receive rental assistance?

Yes

No

If yes, type:

DSS

Section 8

Other: \_\_\_\_\_

## Referral Source

How did you learn about this housing program?

- |  |   |
|--|---|
| <input type="checkbox"/> Chances & Changes hotline   | <input type="checkbox"/> Court / legal advocate |
| <input type="checkbox"/> DSS                         | <input type="checkbox"/> Another DV program     |
| <input type="checkbox"/> Law enforcement             | <input type="checkbox"/> Self referral          |
| <input type="checkbox"/> Hospital / medical provider | <input type="checkbox"/> Other: _____           |

## Safety Screening (If referred due to Domestic Violence)

Is the person who harmed you aware that you are seeking housing?

- Yes  No  Unsure

Is there an active Order of Protection?

- Yes  No

If yes:

- Temporary  Final

Are there any immediate safety concerns staff should know about?

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Do you have a safety plan?

- Yes  No  Would like help creating one

## Income & Financial Information

Current income sources:

- |  |   |
|--|---|
| <input type="checkbox"/> Employment                  | <input type="checkbox"/> Unemployment   |
| <input type="checkbox"/> Child Support               | <input type="checkbox"/> Family support |
| <input type="checkbox"/> Temporary Assistance (TANF) | <input type="checkbox"/> No income      |
| <input type="checkbox"/> SNAP                        | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> SSI / SSDI                  |   |

Approximate monthly income: \_\_\_\_\_

If you currently employed?

- Full-time  Unemployed  
 Part time  Unable to work

Employer (optional): \_\_\_\_\_

## Housing Barriers

Which barriers have made it difficult to obtain housing?

- |  |   |
|--|---|
| <input type="checkbox"/> Lack of income      | <input type="checkbox"/> Childcare needs                              |
| <input type="checkbox"/> Poor credit         | <input type="checkbox"/> Transportation barriers                      |
| <input type="checkbox"/> Eviction history    | <input type="checkbox"/> Safety concerns related to domestic violence |
| <input type="checkbox"/> Criminal background | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Disability          |   |

## Accessibility / Accommodation Needs

Do you need any of the following accommodations?

- |   |   |
|---|---|
| <input type="checkbox"/> Wheelchair accessible unit     | <input type="checkbox"/> Language interpretation      |
| <input type="checkbox"/> First floor unit               | <input type="checkbox"/> Service animal accommodation |
| <input type="checkbox"/> Assistance with transportation | <input type="checkbox"/> Other: _____                 |

## Legal Considerations

Do you have any legal obligations that may affect housing or employment?

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Probation | <input type="checkbox"/> Pending court case |
| <input type="checkbox"/> Parole    | <input type="checkbox"/> None               |

If applicable, please explain:

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## Areas of Focus

Check areas the participant would like support with:

- |  |  |
|--|--|
| <input type="checkbox"/> Housing search            | <input type="checkbox"/> Legal advocacy      |
| <input type="checkbox"/> Employment                | <input type="checkbox"/> Financial planning  |
| <input type="checkbox"/> Education or job training | <input type="checkbox"/> Counseling services |
| <input type="checkbox"/> Childcare                 | <input type="checkbox"/> Safety planning     |
| <input type="checkbox"/> Transportation            | <input type="checkbox"/> Health care access  |

Other: \_\_\_\_\_

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

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Race

- |                   |         |                             |
|-------------------|---------|-----------------------------|
| ● American Indian | ● Asian | ● Black or African American |
| ● Alaska Native   |         |                             |

- Native Hawaiian or Pacific Islander
- White

Age range:

- 18-24
- 25-34
- 35-44
- 45-54
- 55+

\*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 the lease and eviction. I, therefore, declare the information provided to be true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Program Participation Agreement**

Participants in the Transitional Housing Program agree to:

- Maintain the confidentiality of other residents
- Follow agency guidelines
- Participate in case management services
- Maintain a safe environment for all residents
- Work toward housing stability and independence

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Authorization for Release of Information**

I authorize Chances & Changes to obtain and exchange information necessary to determine eligibility for housing and services.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_