

South Market Micro-Shelter Community Application

* Name: _____

* Phone: _____ * Date of Birth: _____

* Email Address: _____

* Where did you sleep last night? _____

Are you currently receiving any supportive services or Case Management? Y N

If yes, what program(s) are you in?

Case Manager Name and Contact Information:

Are you a Veteran? Y N

Are you able to live independently and take care of your own personal needs? Y N

If no, what assistance do you need?

Do you have income? Y N Monthly Amount: _____

Source: _____

Do you have Food Stamps? Y N Monthly Amount: _____

Do you have applications in with any rental subsidy programs (HUD, TBRA, etc.)? Y N

If yes, which program(s)? _____

Date applied: _____ Response? Accepted Denied None

Do you have pets? Y N **If yes**, How Many? _____

Type/kind/breed? _____

Do you have: a leash? Y N a collar? Y N a crate? Y N

Have you ever been denied housing due to your criminal history? Y N

If yes, please explain: _____

Are you required to register on a sex offender registry? Y N

Are you on Probation or Parole? Y N

If yes, are you required to report to your agent? Y N

Officer/Agent Name and Contact Information:

All fields beginning with an asterisk (*) are required. If unknown, please write or type "UNKNOWN".

* How did you become homeless? _____

* How long have you been homeless? _____

* When were you last housed? _____

* How long were you there? _____

* Reason for leaving? _____

Do you have a vehicle? Y N

If yes, Year, Make, and Model: _____

If no, what is your mode of transportation? _____

* What goals do you have for yourself? _____

Is there anything you would like to tell us about yourself: _____

This Micro-shelter community requires participation in the community council, weekly resident meetings, and a commitment to assist with upkeep of the grounds, common areas and personal areas.

- | | Initial |
|---|---|
| * Do you agree to participate in the community council? | Y <input type="checkbox"/> N <input type="checkbox"/> _____ |
| * Do you agree to attend and participate in weekly meetings? | Y <input type="checkbox"/> N <input type="checkbox"/> _____ |
| * Are you interested in leadership position on the community council? | Y <input type="checkbox"/> N <input type="checkbox"/> _____ |
| * Are you willing to assist with the upkeep and cleanliness of the entire | Y <input type="checkbox"/> N <input type="checkbox"/> _____ |

Micro Shelter Community property, including your own unit?



Micro Shelter Community

* Print Name: _____

* Sign Name: _____

* Date: _____

Please print and return your completed application to **Rudy Lucero** at **3211 Mark Street, Redding, CA, 96001**. Hours of operation are 9AM–5PM, Monday–Friday. You may also scan and email it to rlucero@micro-shelter.com.