

PLEASE CALL THE
OFFICE AT
(412) 233-3903 TO
CHECK FOR SPACE
AVAILABILITY
BEFORE
SUBMITTING AN
APPLICATION.



418 Mitchell Avenue • Clairton, PA 15025 • Phone 412-233-3903 • Fax 412-233-3904 • www.sistersplace.org

Dear Applicant:

Thank you for your interest in applying for supportive housing through Sisters Place, Inc. In order to complete your application, you must provide the following information:

- Copies of social security cards for yourself and your child/ren
- Copies of birth certificates for yourself and your child/ren
- A completed Sisters Place Application
- A completed Century Town Homes Rental Application
- Verification of all household income including employment, TANF (welfare), Social Security, Child Support, or any other regular source of income
- A letter verifying that you are homeless from a homeless program or other supportive services agency

If you are applying for the Permanent Housing Program, you must also provide the following additional information:

- Verification of disability which may be drug/alcohol addiction, mental health diagnosis, physical disability, or HIV/AIDS diagnosis.
- The disability must be of long duration, affecting your ability to live independently, but with the ability to live in housing offering supportive services.
- Verification of clean date for applicants in substance abuse recovery.

Applications missing information or without the required documentation will be discarded.

You will be called for an Interview when a vacancy occurs. All Application information must be provided before admission is decided to a Sisters Place Housing Program.

If you have any questions or need clarification, please contact me at 412-233-3903 ext. 16.

Sincerely,

Geri Edmonds
Program Coordinator

**Applications may be faxed or mailed to: SISTERS PLACE, INC.
418 MITCHELL AVENUE
CLAIRTON, PA 15025**

Fax: (412) 233-3904

Attention: GERI EDMONDS

Sisters Place Inc.

418 Mitchell Avenue
Clairton, Pa 15025
Phone: 412-233-3903
Fax: 412-233-3904

Office Use Only

Transitional Program _____
Permanent Program _____

Date Rec'd: _____

Staff Reviewed: _____

Homeless Status: _____

PROGRAM APPLICATION

Name: _____ SS#: _____

Address: _____
(street) (town/city) (zip)

Phone #:() _____ Cell #:() _____

Marital Status: _____ Race: _____ Referring Agency: _____

Referring Staff Name / Phone#: _____

FAMILY MEMBERS: *(List yourself first, then oldest to your youngest child)*

Name (First & Last)	Sex	Age	Date of Birth	Legal Custody (Y or N)	*If no, who has custody
1.					
2.					
3.					
4.					
5.					
6.					

Are you pregnant? _____Yes _____No If yes, what is your due date? _____

Is CYF involved? _____Yes _____No

HOMELESS STATUS:

How long have you been homeless? _____

Have you been homeless at least 4 times in the past three years? _____Yes _____No

Have you had a rental lease in your own name? _____Yes _____No

***If yes, what was the date of your last lease?* _____

Where are you currently living? _____

Are you a veteran _____Yes _____No Branch of Service _____

MONTHLY FAMILY INCOME:

TANF \$: _____ for (Names): _____

SSI \$: _____ for (Names): _____

Child Support \$: _____ for (Names): _____

Employment \$: _____ Employer's Name: _____

OTHER: _____ Source: _____

Are you anticipating any changes in the income amounts listed above? *If yes, explain:*

Food Stamps? ____Yes ____No Food Stamp Amount _____

Medical Assistance ____Yes ____No Health Provider _____

HOUSING HISTORY: *(Please answer the following regarding your past living arrangement (beginning with your current address))*

Address	Dates	Landlord & Phone#	Reason for Leaving	Rent Owed
1.				
2.				
3.				

EDUCATION: *(Please check all that apply)*

__Did not graduate. HIGHEST GRADE COMPLETED: _____

__GED Where: _____ Date Received: _____

__HS Diploma School: _____ Date Received: _____

__Vocational Training School: _____ Date Received: _____

__Associate Degree School: _____ Date Received: _____

__Bachelor's Degree School: _____ Date Received: _____

OTHER: _____ School: _____ Date Received: _____

Are you currently enrolled in school? __Yes __No If yes, where: _____

Please state your educational goals: _____

WORK HISTORY: *(List jobs held within the past 5 years—starting with the most recent)*

Position	Employer	Dates Worked	Reason for Leaving
1.			
2.			
3.			
4.			
5.			

Please state your personal work or career goals: _____

MENTAL HEALTH HISTORY:

(Please list any hospitalization for mental health treatment and/or out patient counseling)

Facility	Dates	Diagnosis	Treatment	Medications
1.				
2.				
3.				
4.				

Please list all current medications and dosages: _____

DRUG/ALCOHOL HISTORY: *(Please list any hospitalization for substance abuse treatment and/or out patient counseling.)*

Facility	Dates	Diagnosis	Treatment
1.			
2.			
3.			
4.			

If in Recovery, what is your clean date?_____ Do you have a sponsor?___Yes ___No

How many meetings per week do you attend?_____ Drug(s) of Choice:_____

PHYSICAL DISABILITY: (If applicable, list all disabilities for self and children)

Name (first & last) of Family Member(s)	What Is the Disability?
1.	
2.	
3.	
4.	
5.	
6.	

LEGAL HISTORY: (List all convictions and pending charges)

Date	Charges	Outcome	Fines Paid	Need to Be Paid
1.				
2.				
3.				
4.				

Are you currently on probation? _____Yes _____No Parole? _____ Yes _____ No

If yes, list length of time you will be on probation or parole, probation/parole officer's

name and phone number_____

CREDIT HISTORY: (List all debts, both current and past due.)

Amount	Owed to	Current Status
1.		
2.		
3.		
4.		
5.		

Is there anyone who is currently a threat to you physically _____ Yes _____ No

If yes, Name: _____ Relationship: _____

**Have you filed a PFA against this person? _____ Yes _____ No

What is the current status of the PFA? _____

.....
IN YOUR OWN WORDS: Please explain (1) why you are applying to Sisters Place, Inc., (2) how you think this program can assist you and, (3) how you'll be an asset to the program.

1. _____

2. _____

3. _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE #: _____

Applicant Signature / Date

Staff Review / Date

CENTURY TOWNHOMES RENTAL APPLICATION

1. Applicant's Name: _____ Name You Are Known By: _____ SS#: _____ Date of Birth: _____ Driver's License # _____ State Issued _____
2. Applicant's Name: _____ SS#: _____ Date of Birth: _____ Driver's License # _____ State Issued _____ Current Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone #: _____ Cellular Phone #: _____ Beeper #: _____

RESIDENCE INFORMATION (Please list last 5 years of residency)
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Name and Address of Current Landlord: _____

Phone # _____ Length of time at current residence: _____
Amount of Monthly Rent: _____

1. Previous Address: _____
Name and Address of Previous Landlord: _____

Phone # _____ How Long did you live there? _____

2. Previous Address: _____
Name and Address of Previous Landlord: _____

Phone # _____ How Long did you live there? _____

EMPLOYMENT INFORMATION (please list last 5 years)
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Present Employer: _____ Position: _____
Address: _____
Phone # _____ Supervisor: _____
Dates of Employment: _____ to Present. Salary per month: _____
List Any Other Source of Income: _____

Previous Employer: _____ Position: _____
Address: _____
Phone # _____ Supervisor: _____
Dates of Employment: _____ to _____

Have you ever been evicted from any apartment in the last five (5) years? Yes No If yes, please explain: _____

Have you ever filed bankruptcy? Yes No If yes, please give date and chapter filed: _____

Have you ever been sued for non-payment of a debt? Yes No If yes, please explain: _____

Have you ever been arrested and convicted of a felony? Yes No If yes, please explain: _____

Have you ever been served an eviction notice or been asked to vacate a property you were renting? Yes No If yes, please explain: _____

Have you ever refused to pay rent when due? Yes No If yes, please explain: _____

Have you ever broken, or in any manner failed to honor a lease or rental agreement? Yes No If yes, please explain: _____

Have you ever changed your name? Yes No If so, please list all previous names: _____

REFERENCES

Parents Name: _____ **Phone #** _____

Address: _____

Nearest Relative: _____ **Phone #** _____

Address: _____

Non-Relative: _____ **Phone #** _____

Address: _____

Bank Name – Checking Account _____

Bank Name – Savings Account _____

OCCUPANTS

Please list all occupants below, even if temporary occupancy:

Name/Age/Relationship: _____

Name/Age/Relationship: _____

Name/Age/Relationship: _____

Name/Age/Relationship: _____

Name/Age/Relationship: _____

VEHICLES

Make: _____ Model: _____ Color: _____ Year: _____

Tag # _____ State: _____ Ins. Co. _____

Legal Owners Name: _____

Make: _____ Model: _____ Color: _____ Year: _____

Tag # _____ State: _____ Ins. Co. _____

Legal Owners Name: _____

OUTSIDE STORAGE ITEMS

Do you have Bicycle, Camper, Motorcycle, Boat, Trailer or any other
outside storage items? _____

PETS

No pets are permitted for Sisters Place.

1. I have examined the information I have provided on this application and hereby agree that all of the questions I have answered are true to the best of my knowledge.
2. I understand and agree that this application is subject to the approval of **CENTURY TOWNHOMES**, based primarily on the information I supplied on this application.
3. I understand and agree that this application is not a lease or rental agreement, and should I be accepted, I will sign the lease, within **TWENTY (20)** business days of being accepted.
4. I hereby waive any claim for damages if my application is not accepted.
5. I understand **CENTURY TOWNHOMES** will make every good faith effort to have the premises ready for occupancy as promised. However, should the premises not be available for occupancy, I hereby waive any and all rights to seek to recover damages of any kind from **CENTURY TOWNHOMES**.
6. I hereby authorize **CENTURY TOWNHOMES** to obtain any information necessary to verify the accuracy of the information I have provided. I expressly authorize **CENTURY TOWNHOMES** to obtain a current credit bureau report, and to call or write any of my references for verification that the statements are true and accurate. I also authorize **CENTURY TOWNHOMES** to make further credit inquiries in regard to continued credit worthiness and collection of unpaid rent or damage to the premises.
7. I have received a copy of the **CENTURY TOWNHOMES** tenant selection plan and do understand the contents.
8. I am providing photo-identification with this application.

APPLICANT'S SIGNATURE _____ **DATE** _____

APPLICANT'S SIGNATURE _____ **DATE** _____

WITNESS _____ **DATE** _____