Heavenly Living Foundation
Detailed Program Participant's Application

This form is designed to gather essential information to help us understand your needs and provide the best possible support during your stay at Heavenly Living Foundation. All information provided will be kept confidential and used solely for program purposes, in accordance with our privacy policy.

Section 1: Personal Information

- **Date of Application:** _____
- **Full Legal Name:** _____
- **Preferred Name (if different):** _____
- **Date of Birth (MM/DD/YYYY):** _____
- **Age:** _____
- **Social Security Number (SSN):** _____
- **Gender:**

☐ Male
☐ **Female**
☐ **Non-binary**
☐ **Prefer not to say**
☐ **Other (Please specify):** _____

- **Ethnicity/Race: _____**
- **Current Phone Number: _____**
- **Alternate Phone Number: _____**
- **Email Address: _____**
- **Current Address (if any): _____**
    - **City: _____**
    - **State: _____**
    - **Zip Code: _____**
- **Last Permanent Address (if different from above): _____**
    - **City: _____**
    - **State: _____**
    - **Zip Code: _____**

- **Marital Status:**

☐ **Married**

☐ **Single**
- ☐ **Divorced**
- ☐ **Widowed**
- ☐ **Separated**
- ☐ **Domestic Partnership**

- **Dependents (Children, etc.):**
  - Number of children: _____
  - Ages of children: _____
  - Are children residing with you? ☐ Yes ☐ No
  - If no, please explain: _____

Section 2: Emergency Contact Information

- **Emergency Contact Name:** _____
- **Relationship to Applicant:** _____
- **Phone Number:** _____
- **Alternate Phone Number:** _____
  Email Address: _____

Section 3: Identification

Please provide information for two forms of government-issued identification. You will be asked to present these documents for verification.

1. **Primary ID:**
    - **Type of ID:** (e.g., Driver's License, State ID, Passport, Permanent Resident Card) _____
    - **Issuing State/Country:** _____
    - **ID Number:** _____
    - **Expiration Date (MM/DD/YYYY):** _____
2. **Secondary ID:**
    - **Type of ID:** (e.g., Social Security Card, Birth Certificate, Voter Registration Card, Military ID) _____
    - **Issuing Authority:** _____
    - **ID Number:** _____
    - **Expiration Date (if applicable) (MM/DD/YYYY):** _____

Section 4: Housing History

- **Are you currently experiencing homelessness?** ☐ Yes ☐ No

- **If yes, how long have you been homeless?**
  _____

- **Where have you been staying recently?** (Check all that apply)

  ☐ Street/Outdoors
  ☐ Emergency Shelter
  ☐ Transitional Housing
  ☐ Friend/Family's Home (couch surfing)
  ☐ Hotel/Motel (paid by self/program)
  ☐ Other (Please specify): _____

- **Reason for seeking independent/transitional housing at this time?:**
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