

APPLICATION FOR HOUSING

Cornerstone Single Women's Housing Program

3500 Noble Ave.
Fort Worth Texas 76111
Phone: 817.632.6000
Fax: 817.632.6002
www.canetwork.org

PROMISE HOUSE

Helping Women Experience the Life-Changing Promises of God

The Promise House (PH) is a Christian Supportive Housing Program. PH was established to help support post-incarcerated women with their transition to self-sufficiency. We are dedicated to providing a welcoming, safe and rehabilitative environment that will help women become stable and build the necessary skills needed to live a successful and productive lifestyle.

Residents are offered lifestyle management that addresses, but is not limited to, employment, educational planning, financial planning, health care, substance abuse issues, family restoration and spiritual guidance. By addressing and providing resources in these seven key areas, PH works to aid and empower women to achieve successful lifestyle changes.

The following are goals set for Promise House:

- Help women possess life-changing promises of God
- Initiate challenges to change from the inside-out
- Reduce recidivism rate among previously incarcerated women
- Increase positive social awareness and community contributions
- Promote substance abuse prevention and intervention
- Promote higher education
- Help create income streams and financial stability
- Increase employable skills and marketability
- Personal Imaging (personal/physical/spiritual)
- Aid in successful family reunions and restoration

We accomplish these goals through community partnerships, collaborations, team mentoring, life skills training, community workshop and seminars. Feel free to contact me with questions and/or for additional information.

Coyletta Govan
Women's Housing Manager
Cornerstone Assistance Network
3500 Noble Avenue
Fort Worth, Texas 76111
Office: 817-632-6000
Cell: 817-333-4399
Fax: 817-632-6001
www.canetwork.org

Application Process:

- Pick up or request an application Monday through Friday 9am-4pm.
- Return the application in person Monday-Friday 9am-4pm or it can be returned anytime via fax or mail.
- You will be contacted within 5 business days to assure that your application is complete. Promise House Resident Manager will contact you to schedule an interview.

Qualifications for consideration:

- You must meet U.S. Dept. HUD homeless definition
Based on the definition of homelessness provided by the U.S. Department of Housing and Urban Development (HUD). *A person is considered homeless when he/she resides in places not meant for human habitation such as cars, parks, sidewalks, and abandoned buildings. A person is also considered homeless if he/she resides in an emergency shelter, a domestic violence shelter, a shelter for runaway or homeless youth, or a transitional housing program, having arrived from off the streets, jail or from an emergency shelter.*

Additionally

- You are 25 years of age or older
- You are Single
- You do not have any warrants in any city or state
- You do not owe any housing authorities in any city or state
- You are free of chemical dependency, one year Sober, involved in recovery program.
- You submit to drug/alcohol test at the time of interview and randomly thereafter.
- You commit to fully engage in Lifestyle Management Accountability program,
- You submit to a physical/mental diagnosis with any prescribed medication
- You do not have a mental illness or prescribed medication that will hinder your full engagement in the program.

If you think you qualify, please answer all of the questions and submit your application along with the following documentation to the office at the above address.

- _____ Copy of Picture Identification for Adult Applicant(s)
- _____ Copy of Social Security Card
- _____ Proof of TANF, Food Stamps, Medicaid, and/or WIC (if applicable)
- _____ Copies of Driver's License, Proof of Insurance, and DPS Status check
- _____ Proof of income (any award letter from SSI, child support, Pay stub, receipts, etc.)
- _____ Documentation of Mental/emotional diagnosis

Please be aware that there is normally a waiting list for this program, so the supporting documents must be provided in a timely manner.

Warning ~ Any false information on the application will automatically disqualify you from being eligible for housing.

Please email application and supporting documents to: cgovan@canetwork.org; fax to 817-632-6001; or mail to:

Cornerstone Assistance Network
Attn: Promise House/Coyletta Govan
3500 Noble Ave.
Fort Worth, Texas 76111

Cornerstone Assistance Network
APPLICATION FOR HOUSING

Complete *all* questions. Place an "N/A" in those spaces that are not applicable to your situation.

PERSONAL INFORMATION

LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME** _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip Code: _____

SS#: _____ Date of Birth: _____ Age: _____

Maiden Name: _____

Marital Status: Married Divorced Separated Single Common Law

If married, how long? _____ If divorced, how long? _____

- List previous marriages:

Name	Date of Marriage	Date of Divorce

FAMILY/SUPPORT SYSTEM

Do you have any family members or significant others living in the DFW area? Yes No

If yes, please list their name and your relationship to them.

Name: _____ Relationship: _____ Phone Number _____

Name: _____ Relationship: _____ Phone Number _____

Name: _____ Relationship: _____ Phone Number _____

List other persons (including mentors) or agencies that may be familiar with your situation? (Including any agencies that are currently assisting you and the agency/person that referred you to Cornerstone Assistance Network.)

Name	Agency	Address	Phone Number

CHILDREN (if applicable):

Name	Sex	DOB	Age	Grade	Social Security #	Mother/Fathers Name

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What school(s) does your child(ren) attend? _____

Any children **not** living with you? Yes No If yes, name of child(ren): _____

Living with whom? _____

Do you have legal custody of your child(ren)? Yes No

Explain: _____

Is your child(ren) victim(s) of physical or sexual abuse or neglect? Yes No

Explain: _____

Has there ever been any involvement from Child Protective Services? Yes-current Yes-closed No

Case Manager: _____ Phone Number: _____

Explain: _____

Describe how your child(ren) gets along with friends and teachers: _____

Describe your child(ren)'s personality and behavior: _____

Describe your relationship with your child(ren): _____

Do you receive Court Ordered child support? Yes No

If no, have you filed papers or made any attempt to receive child support? Yes No

If you have not filed, please explain: _____

Are you currently Court ordered to pay child support? Yes No

If yes, how much:\$_____ How often: _____ How long: _____

If no child support is being paid by either parent, please explain: _____

RESIDENTIAL HISTORY

Where are you currently living? (Address): _____

How long have you been there? _____

Are you staying with: Relatives Friends Shelter Other

Explain in detail why you are needing to move: _____

Describe physical conditions of current residence (including number of bedrooms): _____

Is anyone pressuring you to move at this time? Yes No

If yes, please explain: _____

List your second most recent living arrangement: Address: _____

How long were you there? _____ With whom were you staying? _____

Explain the details of your move: _____

List your third most recent living arrangement: Address: _____

How long were you there: _____ With whom were you staying? _____

Explain the details of your move: _____

Have you ever been a participant of any City or County Housing Authorities or other Federally Funded Housing programs (i.e., FW Housing Authority, Arlington Housing Authority, Tarrant County Housing Authority)?

Yes No

Do you owe them money? Yes No How much: \$ _____

Dates	Name of Agency

LEGAL

Applicant

Do you have any outstanding tickets or warrants? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been on parole or probation? Yes No

If yes to any of the above, please give the following information: (use the back if necessary)

Date of Offense	Charge	Sentence	Time Served

Are you currently on Parole? Yes No Officer's Name: _____

Address of Office you report to: _____ Phone Number: _____

Does your officer know you are planning to move? Yes No

Are you currently on Probation? Yes No Officer's Name: _____

Address of Office you report to: _____ Phone Number: _____

Does your officer know you are planning to move? Yes No

Do you presently need legal assistance? Yes No

Explain: _____

EMPLOYMENT

Please list previous employers, supervisors, and phone number for the past 5 years.
Start with your present/most recent position.

1. Employer: _____ Supervisor: _____
Dates Employed: From _____ To _____ Rate of Pay: _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Hours Worked: _____ Work Phone: _____
Job Duties/Description: _____
Reason for leaving: _____

2. Employer: _____ Supervisor: _____
Dates Employed: From _____ To _____ Rate of Pay: _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Hours Worked: _____ Work Phone: _____
Job Duties/Description: _____
Reason for leaving: _____

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3. Employer: _____ Supervisor: _____
Dates Employed: From _____ To _____ Rate of Pay: _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Hours Worked: _____ Work Phone: _____
Job Duties/Description: _____
Reason for leaving: _____

Education/Applicant 1 (HOH)

Diploma: Yes No GED Yes No College Yes No

Highest Grade Completed: _____ College: _____

College or Training Center

College/Training Center	Dates	Completed	Certification Area

Do you plan to further your education? Yes No If yes, please explain: _____

If you have plans, what initiative have you taken? _____

If no plans to further your education, what plans do you have to better yourself? Please explain: _____

Have you ever had alcohol/drug problems? Yes No Drug(s) of choice: _____

Date of last use: _____ What did you use? _____

Are you attending any Substance Abuse treatment? Yes No

Explain in detail your Sobriety plans: _____

Do you smoke: Yes No If yes, how often: _____

How is this habit funded? _____ Do you have any intentions of quitting? Yes No

If yes, in what active plans are you involved? _____

Do you have health insurance of any kind? Yes No If yes, Name of Company: _____

Do you have: Medicaid? Yes No Medicare? Yes No JPS Connection? Yes No

Do you need assistance in the following areas? Please check all that apply:

- | | |
|-----------------------------|--------------------------------------|
| Housing | Food |
| Clothing | Childcare |
| Emotional Counseling | Marriage Counseling |
| Medical Appointments | Prescriptions/Meds |
| Credit/Financial Counseling | Substance Abuse Treatment/Counseling |
| Parenting | Furniture/Household Items |
| Employment Assistance | Education Assistance |

Other: _____

HAVE YOU APPLIED FOR OR PARTICIPATED IN THE FOLLOWING PROGRAMS (Please check all that apply):

- | | | |
|-----------------------|-----------------------------|-----------------|
| Social Security SSI | Medicaid | AFDC (TANF) |
| Food Stamps | Section 8 Housing | Workman's Comp |
| Student Financial Aid | JTPA (Education Assistance) | Texas Workforce |

INCOME

Have you filed your income taxes for this year? Yes No

If yes, how much did you receive? \$ _____ How much did you have to pay? \$ _____

If no, please explain: _____

What is your monthly gross (before taxes) income? \$ _____

What is your monthly net (after taxes) income? \$ _____

What is the source of your current income? _____

Do you currently receive food stamps? Yes No If so, how much? \$ _____

Do you currently receive WIC? Yes No

Are you expecting any type of insurance settlement? Yes No If so, how much \$ _____

Have you ever participated in credit counseling? Yes No

Have you ever declared bankruptcy? Yes No

Explain: _____

How are your immediate needs being met; clothes, food, toiletries, medicine, transportation, etc.? Please explain:

Other than yourself, is there anyone else (family or friends) you have a financial responsibility to? Yes No

If yes, who: _____ Your relationship to this person or people: _____

Please explain your financial responsibility to this person/people: _____

OTHER (Please answer for **all** adults in the household)

Are you a citizen of the U.S.A? Yes No

If no, what country are you a resident of? _____ How long have you been in the U.S.? _____

Do you have a green card? Yes No

What is your racial/ethnic identity (please check all that apply)?

- Asian White American Indian Alaskan Native Black/African American
- Hispanic Native Hawaiian/Other Pacific Islander Other

Are you a military veteran? Yes No Which branch? _____ # Years served: _____

What was your discharge status? Honorable Dishonorable Bad Conduct Other than Honorable

Are you currently active in any form of religious worship? Yes No If yes, affiliation: _____

Where do you attend? _____ Address: _____

How long have you attended? _____ How do you get there? _____

How did you hear about our program? _____

Describe in detail the circumstances that led to your current situation: _____

Do you or your family own a vehicle? Yes No

If yes, complete the following: Year: _____ Make: _____ Model: _____

Monthly payment: \$ _____

Are you behind on payments? Yes No

Do you have insurance? Yes No Name of Insurance Company: _____

Do you have a valid driver's license? Yes No
Are your vehicle's tags and registration up-to-date? Yes No

EMERGENCY INFORMATION

List two people we may contact in case of an emergency:

Name	Address	Relationship	Phone Number

PERSONAL GOALS

What goals do you wish to achieve while in the Promise House?(education, parenting, employment, spiritual, physical and mental health, etc.)

After carefully reading the Promise House guidelines, what specifically do you think The Promise House can assist you with in the management of your life? _____

If you are not accepted into this program, what will you do? _____

CONFLICT OF INTEREST

I am not a relative, employee/employer, or business associate of any person affiliated with this program or the lease/sale agreement of any property of this program.

Signature: _____ Date: _____

Applicant

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT IF INFORMATION PROVIDED IS FOUND NOT TO BE TRUE, THIS WILL RESULT IN DISQUALIFICATION OF ELIGIBILITY INTO OR REMOVAL FROM THE PROMISE HOUSE PROGRAM.

_____ Date

Applicant Signature