



HOUSING APPLICATION

Please note: If you need any assistance with interpreting or completing this application please do not hesitate to tell the person who gave you the form. Staff can provide this form in languages other than English.

We are glad you are interested in applying for Faye's Lighthouse. Our mission is to assist anyone looking to change their lives for the better. We strive to meet this mission by providing ministry homes for men & women. In our ministry homes we teach a variety of practical and emotional skills. The goal is to help our clients gain economic stability and achieve their personal goals. We are committed to being Alcohol and Drug FREE.

We are staffed Monday - Thursday 8 am - 5:45 pm.
Individuals that use a Personal Care Attendant (CNA, Home health aide) are encouraged to apply and will not be excluded from services for this reason.

Please complete this application and return it by email to fayeslighthouseok@gmail.com or to the person you received it from (e.g shelter advocate, Faye's housing staff.) Once we receive your application, we will review it and contact you within 2 - 4 business days. If you are eligible, we will set up a time to meet and discuss the next steps for admission. This meeting can take place at any public place we both feel is safe (coffee shop, library, Faye's office, shelter office) and that will provide enough privacy for our conversation.

Thank you for your interest. We look forward to hearing from you soon!



Eligibility Criteria

Determination of acceptance into Faye's Lighthouse will be made on a case by case basis.

Applicant must be:

- ◆ Eighteen (18) years old or (legally) emancipated minor
- ◆ Genuinely interested in cultivating a heart changing lifestyle
- ◆ Willing to achieve and maintain sobriety

Application

Today's date: ____/____/20____

Name : _____

Preferred method of contact (this will be the way that you are contacted to be informed of your application status):

Phone: _____ Email _____

Current Address: _____

* Are you over 18 years of age or a legally emancipated minor? ☐ Yes ☐ No

Date of Birth: ____/____/____

SSN: ____-____-____ ☐ Male ☐ Female

Where did you hear about Faye's Lighthouse?

Finances

Are you receiving welfare or other non - Job related income? ☐ Yes ☐ No

If yes, specify (SSDI, VA, Trust):

Are You Employed?

☐ Yes (specify) : _____



☐ No (how do you plan to pay your program fees) : _____

Monthly Income \$ _____

Background

Do you have a valid Driver's License? ☐ Yes ☐ No

Do you own a vehicle? ☐ Yes ☐ No

Do you have a companion or service animal(s)? ☐ Yes ☐ No

Have you ever been arrested for sex related crimes? ☐ Yes ☐ No

Do you have any physical conditions? ☐ No ☐ Yes, Specify _____

Do you have any mental health conditions ? ☐ No ☐ Yes, specify _____

List current medication: _____

List drugs you use addictively (including alcohol) ? _____

Do you have a companion or service animal(s)? ☐ Yes ☐ No

Current Living Situation

Are you currently homeless? ☐ Yes ☐ No

Are you currently housed in a detention facility

☐ No ☐ Yes, specify

Case Manager: _____

Case Manager's Phone: _____

Doc # : _____

length of most recent Incarceration : _____yrs/_____Mo

Expected Release date : _____



Referral

Name : _____

Address : _____

Relation : _____

phone number : _____ - _____ - _____

Additional Support & Services?

Please describe the types of assistance and support you would like to receive from Faye's Lighthouse : _____

Other

Please describe any questions or concerns you have about Faye's Lighthouse:

Sign _____ Date _____ / _____ /20 _____

Please note that this is an application and does not constitute acceptance into Faye's Lighthouse. If you are eligible, a follow-up meeting will be scheduled and additional information may be requested. Thank you!

Office Use OnlyAccepted into Faye's Housing Program? ☐ Yes ☐ NoIf yes, date applicant was notified: _____

Date accepted/ move-in: _____

Was applicant placed on waiting list? ☐ Yes ☐ No If yes, date: _____

If no, reason? _____

If not accepted, date applicant was notified: _____

Reason for denial: _____

Other referrals/assistance given? _____

