

SAMARITAN INNS – AFFORDABLE HOUSING APPLICATION
LAZARUS HOUSE • TABITHA’S HOUSE • ELISHA’S HOUSE

SSC	Date Rcvd	App.#

Applicant

FOR OFFICE USE ONLY

Name _____ *Age* _____ *Male* ____ *Female* ____

Current Address: _____ *Phone: (h)* (____) _____

City _____ *State* _____ *Zip Code* _____ *(w)* (____) _____

Referral Source

Referred By: _____ *Phone:* (____) _____

Employment

What is your current source of income? If employed, please indicate employer, phone number(s) of your supervisor(s), and days and hours that you work: _____

Sobriety

When was the last time you used alcohol and /or drugs? _____

Medical /Psychiatric History

Do you have any medical or psychiatric problems? Yes _____ *No* _____

Describe if 'Yes' _____

Community

Besides your immediate family, have you ever lived with a group of people? Yes _____ *No* _____

Describe if 'Yes': _____

I hereby state that the above information is true and factual. I understand that any false information on this application will automatically disqualify me for tenancy at Lazarus House, Tabitha’s House or Elisha’s House.

Signature: _____ *Date:* _____