



# STEPPING STONES

MINISTRIES OF THE TRIAD, INC.

## PERSONAL INFORMATION:

Date of Application: \_\_\_\_\_

Name(s) of Applicant(s):

1) \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address \_\_\_\_\_ Phone: \_\_\_\_\_

NC ID or DL Number \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: \_\_\_\_\_

2) \_\_\_\_\_ SSN \_\_\_\_\_

Current Address \_\_\_\_\_ Phone: \_\_\_\_\_

NC ID or DL Number \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: \_\_\_\_\_

### LIST ALL OTHER PEOPLE WHO WILL LIVE IN YOUR HOUSEHOLD

	M/F	DOB	Social Security #	Daycare/school grade
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Do you have physical legal custody of all your children? Yes ☐ No ☐

If no, who has custody? \_\_\_\_\_

Do you have any children who will be joining the family at a later time? Yes ☐ No ☐

If so, when? \_\_\_\_\_

What are their names and ages: \_\_\_\_\_

\_\_\_\_\_

**HOMELESS STATUS: (Husband & Wife to fill out together; Please indicate if any applies to only one of you.)**

Reason for being homeless:

- ☐ Evicted
- ☐ Lost Income
- ☐ Relative/Friend could not house
- ☐ Domestic Violence
- ☐ Relocation
- ☐ Other (Please be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for being unable to pay rent:

- ☐ Lack of Job Skills
- ☐ Physical Health Problem
- ☐ Mental Health Problem
- ☐ Substance Abuse Problem
- ☐ Job Loss
- ☐ Other (Please be specific) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where did you stay last night? \_\_\_\_\_

How long have you been there? \_\_\_\_\_ How long can you stay there? \_\_\_\_\_

How long have you lived on the Winston-Salem area? \_\_\_\_\_

What was your last permanent address? \_\_\_\_\_

\_\_\_\_\_

## **FINANCIAL INFORMATION**

### **INCOME INFORMATION:** [All Combined]

Sources of income:

Salary \_\_\_\_\_ Supplemental Security Income \_\_\_\_\_

Food Stamps \_\_\_\_\_ Social Security Disability \_\_\_\_\_

Military Benefits \_\_\_\_\_ Other \_\_\_\_\_

TOTAL: \_\_\_\_\_

### **MONTHLY EXPENSES/PAST DUE BILLS:** [All combined]

Rent \_\_\_\_\_ Cable/Satellite TV \_\_\_\_\_

Telephone /Cell \_\_\_\_\_ Furniture/Appliances \_\_\_\_\_

Charge Cards \_\_\_\_\_ Life Insurance \_\_\_\_\_

Food \_\_\_\_\_ Electricity \_\_\_\_\_

Car Payment \_\_\_\_\_ Child Support \_\_\_\_\_

Car Insurance \_\_\_\_\_ Heat/Gas \_\_\_\_\_

Car maintenance/gas \_\_\_\_\_ Water \_\_\_\_\_

Medical \_\_\_\_\_ Renter's Insurance \_\_\_\_\_

Fines/Legal fees \_\_\_\_\_ Other \_\_\_\_\_

TOTAL: \_\_\_\_\_

**CURRENT FINANCIAL ACCOUNTS:**

Type of Account	Financial Institution	Account Balance

**RENTAL HISTORY:**

Previous Landlord #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Dates of Occupancy at this Address: From: \_\_\_\_\_ Until: \_\_\_\_\_

Why did you leave?: \_\_\_\_\_

Previous Landlord #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Dates of Occupancy at this Address: From: \_\_\_\_\_ Until: \_\_\_\_\_

Why did you leave?: \_\_\_\_\_

**EVICTION HISTORY:**

Have you ever been evicted?: Yes ☐ No ☐

If yes, name of evicting landlord: \_\_\_\_\_

Reason(s) for eviction: \_\_\_\_\_

## Individual Sheet To Be Filled Out By Each Adult in Household (18 years+)

### **EDUCATIONAL HISTORY:** [Adult No. 1]

What is the highest grade you completed in school? \_\_\_\_\_

Have you had a vocational assessment? If so, please attach.

Have you completed any technical or vocational training? Yes ☐ No ☐

If yes, what type of training? \_\_\_\_\_

If you attended college, what was your course of study? \_\_\_\_\_

What is needed to complete your degree? \_\_\_\_\_

### **EMPLOYMENT STATUS:**

- |  |  |
|--|--|
| <input type="checkbox"/> Permanent full-time | <input type="checkbox"/> Enrolled in a training program        |
| <input type="checkbox"/> Permanent full-time | <input type="checkbox"/> Unable to work due to health problems |
| <input type="checkbox"/> Permanent part-time | <input type="checkbox"/> Not Employed                          |
| <input type="checkbox"/> Temporary full-time | <input type="checkbox"/> Other                                 |

Current Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address : \_\_\_\_\_ Employed since: \_\_\_\_\_

Wages: \_\_\_\_\_ ☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly Hours/week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Wages: \_\_\_\_\_ ☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly Hours/week: \_\_\_\_\_

How many jobs have you had in the past three years? \_\_\_\_\_

## **CRIMINAL HISTORY**

Have you ever been convicted of any criminal offense other than a minor traffic violation? Yes ☐ No ☐

If yes, what offense?: \_\_\_\_\_ When did it occur?: \_\_\_\_\_

Are you currently or have you ever been on probation/parole?: Yes ☐ No ☐

If currently, who is your probation/parole officer?: \_\_\_\_\_

Are you paying a fee for probation services?: Yes ☐ No ☐ If yes, how much?: \_\_\_\_\_

Do you have any criminal charges pending?: Yes ☐ No ☐ If yes, what are the charges?: \_\_\_\_\_

A police report is necessary to qualify. Have you ever been convicted of a felony?: Yes ☐ No ☐

Attach a copy of a current Criminal Background Check from the Police Department.

## **SUSTANCE ABUSE HISTORY**

### **Alcohol:**

When was the last time you had something alcoholic to drink?: \_\_\_\_\_

How many times have you had a drink in the last month?: \_\_\_\_\_

How much do you drink at one time?: \_\_\_\_\_

Is there a history of alcoholism in your family?: Yes ☐ No ☐

Has your drinking ever caused any problems for you?: Yes ☐ No ☐

Have you ever been charged with DUI?: Yes ☐ No ☐

### **Street drugs and/or prescription drugs:**

Have you ever used street drugs? Yes ☐ No ☐ If yes, what kind?: \_\_\_\_\_

When was the last time you used drugs?: \_\_\_\_\_

Have you ever injected drugs intravenously?: Yes ☐ No ☐

Have you ever, or do you now abuse prescription drugs?: Yes ☐ No ☐

**TREATMENT:**

Have you ever been in a drug or alcohol treatment program?: Yes ☐ No ☐

Have you ever successfully completed a treatment program?: Yes ☐ No ☐

When and where were you in a treatment program?: \_\_\_\_\_

Are you willing to undergo a drug alcohol assessment and follow any treatment recommendations?:

Yes ☐ No ☐

**PHYSICAL AND MENTAL HEALTH:**

Have you ever been hospitalized? Yes ☐ No ☐ If yes, where and for what?: \_\_\_\_\_

Do you have any serious health problems? Yes ☐ No ☐ Don't Know ☐

If yes, describe: \_\_\_\_\_

Are you pregnant?: Yes ☐ No ☐

If yes, are you receiving pre-natal care?: Yes ☐ No ☐ If yes, name of doctor: \_\_\_\_\_

Last time seen by a physician?: \_\_\_\_\_

Describe reason for doctor visit: \_\_\_\_\_

Any dental problems?: Yes ☐ No ☐ Don't Know ☐

Medicaid?: Yes ☐ No ☐ If yes, number: \_\_\_\_\_

Medicare?: Yes ☐ No ☐ If yes, number: \_\_\_\_\_

Other medical insurance?: Yes ☐ No ☐

If yes, insurance company and policy number: \_\_\_\_\_

Have you ever received treatment for an emotional problem or a mental disorder?: Yes ☐ No ☐

**MILITARY HISTORY:**

Have you ever been in the military?: Yes ☐ No ☐ Branch of Service \_\_\_\_\_

Years of service: \_\_\_\_\_ Discharge Status: \_\_\_\_\_

Are you receiving any type of services from the Veteran's Administration?: Yes ☐ No ☐

If yes, what type?: \_\_\_\_\_

If yes, who is your V.A. Counselor?: \_\_\_\_\_

Do you have a Social Worker, Work First Worker, Child Protective Services Worker, or a Foster Care Worker with the Department of Social Services?    Yes ☐    No ☐

Are any other agencies assisting you with your children?    Yes ☐    No ☐

Name of nearest relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Line 2): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Line 2): \_\_\_\_\_

Is there any additional information regarding your situation that you feel would be important for us to consider in making a decision regarding your application? \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.



**ALL ADULT APPLICANTS MUST SIGN**

**ATTEST OF INFORMATION:**

I attest that all the information I have provided in this intake and application process is honest and accurate to the best of my knowledge.

I understand that the deliberate misrepresentation of information could result in my being denied acceptance into or expelled from the Stepping Stones transitional housing ministry program.

I understand that the information given in this application will be held in confidence and will be used for the sole purpose of determining my eligibility for housing.

I hereby authorize inquiries being made for the purpose of verifying the statements made herein.  
I hereby authorize inquiries for the verification during my participation in the Stepping Stones transitional housing ministry program.

I hereby authorize inquiries for the verification during my participation in the Stepping Stones transitional housing ministry program of credit reports and background checks as needed.

I will be notified prior to any additional inquiries being made.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)