



TRANSITIONAL HOUSING APPLICATION

Please complete the following **two-page** application and submit to housing@sponsorsinc.org or 338 Highway 99 North, Eugene, OR 97402.

Name (First, Middle Initial, Last)		
Phone Number	Gender	Date of Birth
Last 4 of Social Security Number XXX-XX-	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have greater than \$5,000 in assets or savings? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list assets/savings:	Do you have income and/or are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list your monthly gross income:	Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what are their ages?
Have you ever been convicted of arson? <input type="checkbox"/> Yes <input type="checkbox"/> No	SID #	STTL Date: Release Date:
Are you/will you be on active supervision in Lane County? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is your Parole/Probation Officer?	
Do you need any special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain.	Can you store and manage medications if prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you actively using substances and/or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what, for how long and are you receiving professional support?		
Have you been diagnosed with a mental health disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is your diagnosis and are you currently taking medication and/or receiving professional support?		
Do you need support with daily living activities such as eating, bathing and hygiene, dressing, mobility and/or toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain.		



Do you have detainers or pending charges?
 Yes No
 If so, please explain.

The following questions are specific to those applying for our Downtown Campus (those who identify as female):

Do you have any no-minor contact restrictions?
 Yes No
 If yes, please explain:

Do you have children that would be living with you or visiting you on our campus?
 Yes No
 If yes, please list your children’s ages and if they will live with your part-time or full-time:

If you have children, do you have an active DHS case?
 Yes No
 If so, who is your DHS case worker?

Signature _____

Date _____

For DOC/P&P:

LS/CMI Score	
Is there anything we should know (i.e. restrictions, special accommodations, etc.)? 	
Please submit application with case plan if available.	

For Internal Office Use:

<input type="checkbox"/> Approved Initials: Date:	<input type="checkbox"/> Denied Initials: Date:	<input type="checkbox"/> Waitlisted Initials: Date:
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