



DMCC Substance Abuse Housing Scholarship Application

General Information

Name: _____ Date: _____
Address (most recent): _____
City: _____ State: _____ Zip Code: _____ Gender: Male Female
Home Phone: _____ Cell Phone: _____ E-Mail: _____
Date of Birth: _____ Social Security #: _____ Primary Language: _____
Previous Living Situation: Homeless Family Shelter Friends Other _____
Driver's License/Photo ID: State _____ ID # _____ Expiration Date: _____
Insurance Carrier: _____ Policy #: _____ Group ID: _____

The following information is for government reporting purposes only. You may choose not to respond.

Marital Status: M S # of Household Members: 18 or Older _____ Under 18 _____
Total Household Income (Prior Year): < \$25,000 \$25,000-\$40,000 \$40,000-\$50,000 > \$50,000
Ethnic Group: Hispanic Not Hispanic
Single Race: American Indian/Alaska Native Multi-Race: American Indian/Alaska Native *and* White
Asian Asian *and* White
Black/African American Black/African American *and* White
Native Hawaiian/Other Pacific Islander American Indian/Alaska Native *and* Black/African American
White Other Multiple Race

Emergency Contact Information

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Referral Source

Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Contact Person Name: _____ Phone: _____ E-Mail: _____

Employment/Financial Information

Are you currently employed? Yes No If Yes: Full Time Part Time # hrs/wk _____

Name of Employer (most recent): _____

Address: _____ City: _____ Zip Code: _____

Supervisor: _____ Phone: _____

Occupation: _____ Dates Employed: _____ Weekly Pay: \$ _____

If not employed, primary source of income? Unemployment SSI None Other (explain): _____

Savings acct? No Yes, Balance: _____ Checking acct? No Yes, Balance: _____

Financial Skills/Knowledge

Can you make a monthly budget? Yes No

Do you pay bills on time? Yes No

Do you own credit cards? Yes No

Do you know your credit scores? Yes No

Do you owe money on school loans? Yes No

Have you ever filed bankruptcy? Yes No If yes, Chapter: ___ Date Discharged: _____

Personal Goals

Please describe how getting into a transitional housing program will help meet your short and long term goals?

I certify that the above information is true and correct to the best of my knowledge, and hereby authorize the DMCC Homeless Initiative to share my personal information with the above named Referral Source and any housing residence in which the scholarship funds being applied for are to be remitted. I further authorize the DMCC Homeless Initiative, its affiliates, employees, authorized agents and representatives to verify all information contained on this application and to inquire into my character, general reputation, personal characteristics and mode of living, to perform periodic criminal history background checks, and to obtain my personal credit report for the duration of my participation in the scholarship program.

Applicant's Signature _____ Date _____