



Restoration Urban Ministries  
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 RestorationUrbanMinistries.net

## Temporary Housing Application

Today's Date \_\_\_\_/\_\_\_\_/20\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_/Age: \_\_\_\_\_  
           Last                      First                      Middle

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_/Age: \_\_\_\_\_  
           Last                      First                      Middle

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
                                   Street/Number                      City                      State                      Zip

How Long at This Address: \_\_\_\_\_ Were you evicted?    Y/N

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_Male \_\_\_ Female \_\_\_Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated

If you are married you must be able to present a valid marriage license.

Please list all names, ages, sex, and relationship of each person that will live in household.

Name	Age	Sex	Relationship/DOB	Medication
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____

### Health Information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Are You a Mental Health Client: Y/N Caseworker's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Are you presently on medication? Y/N What? \_\_\_\_\_

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Do you have or have you had an alcohol problem? \_\_\_Y \_\_\_N Spouse: \_\_\_Y \_\_\_N

Do you have or have you had a drug problem? \_\_\_Y \_\_\_N Spouse: \_\_\_Y \_\_\_N

Have you ever had inpatient treatment/Detox? \_\_\_Y \_\_\_N Spouse: \_\_\_Y \_\_\_N

If yes how long ago? \_\_\_\_\_ Did you complete it? \_\_\_Y \_\_\_N

Income: Please list source of income and indicate household total:

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Source	Amount	Monthly/weekly/bi-weekly
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Source	Amount	Monthly/weekly/bi-weekly
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Source	Amount	Monthly/weekly/bi-weekly
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Source	Amount	Monthly/weekly/bi-weekly
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Do you receive food stamps/link card? \_\_\_Y \_\_\_N

Employment:

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Place of Employment	Number	Schedule
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Place of Employment	Number	Schedule
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Do you have any outstanding energy bills? Y/N What? \_\_\_\_\_

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Housing:

Have you ever lived in Transitional Housing or a Shelter before? Y/N

If so where? \_\_\_\_\_

Have you ever lived at Restoration Urban Ministries? Y/N If so what was your reason for leaving?

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Year: \_\_\_\_\_ Date: \_\_\_\_\_

Back Ground History: Check all that apply:

Do you have an open case with DCFS? \_\_\_Y \_\_\_N

Do you have any arrest warrants out on you? \_\_\_Y \_\_\_N

Are you on probation/parole/electronic devices? \_\_\_Y \_\_\_N

Have you committed any violent activity that lead to your arrest/court appearance? \_\_\_\_Y \_\_\_\_N

Are you a registered sex offender? \_\_\_\_Y \_\_\_\_N

If you have a car, please list make, model, year & tag number:

Make	Model	Year	Tag Number
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This is a Christian facility, is there any reason why you cannot participate in the Program Activities?

\_\_\_\_\_

\_\_\_\_\_

In Case of Emergency please notify:

Name	Address
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City/State	Phone Number	Relationship
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Please give 3 references (persons not living with you)

Name	City	Phone Number
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Name	City	Phone Number
------	------	--------------

Name	City	Phone Number
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For office use only:

Date of orientation: \_\_\_\_\_ Date of interview: \_\_\_\_\_ Initial of interviewer \_\_\_\_\_

Move in date: \_\_\_\_\_ Room number: \_\_\_\_\_

Case Manager: \_\_\_\_\_