CHAPTER 2 LIVING

STABILITY • OPPORTUNITY • COMMUNITY

# Resident Intake Application

*More Than a Place to Stay — It's a New Chapter.*

**Chapter 2 Living, LLC** **(281) 664-3899** **lnb@chapter2livingllc.com**

**Thank you for your interest in Chapter 2 Living.** This application helps us get to know you and find the right room for you. Fill in what you can, and leave blank anything you'd rather talk through in person.

There is no credit application and no credit check. Every applicant completes a background check, and the same screening process applies to everyone. The background check uses a separate authorization form, so please don't write Social Security, ID or account numbers here.

## 01 Application Information

DATE OF APPLICATION

HOW DID YOU HEAR ABOUT US?

REFERRED BY (IF ANY)

## 02 About You

FULL LEGAL NAME

NAME YOU'D LIKE US TO USE

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

CURRENT MAILING ADDRESS

CITY

STATE

ZIP

**Best way to reach you**

☐ Phone call ☐ Text ☐ Email

## 03 Emergency Contact

**FULL NAME**

**RELATIONSHIP TO YOU**

**PRIMARY PHONE**

**ALTERNATE PHONE**

## 04 Your Housing Need

**Where are you staying right now?**

- ☐ No stable place to stay right now
- ☐ Staying with family or friends
- ☐ Leaving a program or facility
- ☐ Other: _____
- ☐ Staying in a shelter
- ☐ Temporary housing
- ☐ Returning to the community

**Room preference**

☐ Private room ☐ Shared room ☐ Either

**What brings you to Chapter 2 Living?**

**PREFERRED MOVE-IN DATE**

## 05 Your Goals

**What would you like to work toward while living at Chapter 2 Living? (check all that apply)**

- ☐ Find permanent housing
- ☐ Education or job training
- ☐ Get reliable transportation
- ☐ Build independent living skills
- ☐ Other: _____
- ☐ Find or keep a job
- ☐ Build financial stability
- ☐ Reconnect with family
- ☐ Build a support network

**Tell us about your goals and what would help you succeed.**

## 06 Employment and Income

**Currently employed?** ☐ Yes ☐ No

**EMPLOYER**

**POSITION / OCCUPATION**

**MONTHLY INCOME ($)**

**OTHER INCOME OR RESOURCES**

**Looking for work?** ☐ Yes ☐ No ☐ Not applicable

**Anything else about work or income**

## 07 Housing History

*Where have you lived in the past 12 months?*

| DATES | CITY / AREA OR TYPE OF HOUSING | REASON FOR LEAVING |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## 08 Supervision or Program Requirements

**Are you currently under supervision, probation, parole, a court order, or another program requirement that may affect where you can live?**

☐ Yes ☐ No

**If yes, what housing requirements apply?**

**Is a case manager, supervising officer, or service provider involved in your housing plan?**

☐ Yes ☐ No

**IF YES, THEIR NAME AND CONTACT INFORMATION**

## 09 Accommodations and Support (optional)

*This section is optional. It helps us understand any reasonable accommodation you may need. Please share only what's necessary to discuss it. You may also request an accommodation at any time.*

**Would any of the following help you?**

- ☐ Mobility or accessibility accommodations
- ☐ Dietary accommodation
- ☐ Help connecting with community resources
- ☐ Communication assistance
- ☐ Transportation assistance
- ☐ Other: _____

**More about the accommodation or support you're requesting**

_____

_____

## 10 Substance-Related Requirements

**Do any substance-related requirements apply to your housing, or is there anything you'd like us to clarify before admission?**

☐ Yes ☐ No

**If yes, please explain (if known)**

_____

_____

*Screening and admission requirements are shared separately and applied in line with applicable law and our written policies.*

## 11 References

**Reference 1**

FULL NAME

_____

RELATIONSHIP

_____

PHONE NUMBER

_____

**Reference 2**

FULL NAME

_____

RELATIONSHIP

_____

PHONE NUMBER

_____

## 12 Certification and Signature

I certify that the information in this application is accurate and complete to the best of my knowledge. I understand that submitting this application does not guarantee a room at Chapter 2 Living.

I understand that more information or documents may be requested as part of the review. I authorize Chapter 2 Living, LLC to review the information I've provided to evaluate my application, subject to applicable law and any required authorizations.

| APPLICANT SIGNATURE | PRINTED NAME | DATE |
| --- | --- | --- |
| | | |

## 13 Staff Use Only

**DATE APPLICATION RECEIVED**

**REVIEWED BY**

**Application status**

☐ Approved ☐ Denied ☐ Waitlisted ☐ More information needed

**DATE OF DECISION**

**PROPOSED MOVE-IN DATE**

**ROOM ASSIGNED**

**RATE QUOTED**

**BACKGROUND CHECK AUTHORIZATION SENT**

**BACKGROUND CHECK COMPLETED**

**Outstanding documents or follow-up**

**Staff notes**

**STAFF SIGNATURE**

**DATE**

**Confidential.** This application contains private applicant information. Chapter 2 Living, LLC stores and shares it only as permitted by law and our policies.

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