



# GOODWILL FAMILY CENTER

A transitional housing program where residents work, pay off old debts, and save money to help end their own struggle with homelessness.

*RESIDENT  
APPLICATION*

Major funding for this project is provided by the U.S. Department of Housing & Urban Development, the United Way of Southwestern Indiana, the Indiana Housing and Community Development Authority, ESG funds through the City of Evansville Department of Metropolitan Development, the Indiana Department of Education, Evansville Goodwill Industries, Inc. and other community organizations and benefactors.

# **Goodwill Family Center**

A Division of Evansville Goodwill Industries, Inc.  
500 S. Green River Road  
Evansville, IN 47715

## **Mission Statement**

The mission of the Goodwill Family Center is to provide quality transitional housing opportunities and supportive services to meet the identified needs of homeless individuals and families, particularly those with children, within a fair, respectful, compassionate and professional environment, leading to economic self-sufficiency and an independent lifestyle.



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Evansville Goodwill Industries, Inc. is an equal opportunity employer and service provider and does not discriminate on the basis of race, color, national origin, disability, age, gender, religion, veteran status or genetic information.



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 (812) 424-4663 • (812) 424-5465 FAX

**RESIDENT APPLICATION**

Each adult 18 years of age or older must complete a separate application.

Last Name		First Name		Middle Initial	Date of Application:	
				Maiden Name/Alias:		
SSN:	-	-	Are you 18 years of age or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for or lived at the Goodwill Family Center? <input type="checkbox"/> Yes <i>When:</i> _____ <input type="checkbox"/> No						
Contact Name		Applicant		First Contact		Second Contact
Home/Office Number	( )	-	( )	-	( )	-
Cell Number	( )	-	( )	-	( )	-
Relation to Applicant						
Address where you will receive mail:						
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow	
What is the highest grade you have completed?			9	10	11	12
			<input type="checkbox"/> H.S. Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> College Degree	
Secondary Education:						

**HOUSING**

<input checked="" type="checkbox"/>	What is your <i>current</i> living situation?
<input type="checkbox"/>	Sleeping in a place not meant for human habitation (e.g., Streets/vehicle).
<input type="checkbox"/>	Temporary living arrangement (e.g., Shelter/motel).
<input type="checkbox"/>	Exiting an Institution (e.g., Jail/Hospital).
<input type="checkbox"/>	Eviction. Will lose primary residency within 14 days.
<input type="checkbox"/>	Fleeing/attempting to flee Domestic Violence. <i>Please provide a written statement attesting such.</i>
<input type="checkbox"/>	Staying with family or friends.
<input type="checkbox"/>	Other:

**Explain *How* and *Why* you are homeless?**


	Current Residence	Previous Residence	Prior Residence
Dates of Residency			
Street Address			
City/State/Zip			
Landlord			
Landlord Contact Number			
Last Rent Amount Paid	\$ _____ Monthly	\$ _____ Monthly	\$ _____ Monthly
Was Rent Paid In Full?	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Reason for Leaving?			



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**FAMILY UNIT**

✓	<b>My family unit is a group of people consisting of:</b>
	At least one parent (or legal guardian) with a child or children.
	A pregnant woman
	Married couple without children.
	Unmarried couples who can prove they have lived together for at least one year.
	*Single individual
	Emancipated Adult – is under the age of 18 and is married OR emancipated by a court of law

*\*ONLY IN THE EVENT ALL OTHER ELIGIBLE APPLICANT FAMILY UNITS HAVE BEEN ADMITTED AND ADEQUATE SPACE REMAINS AVAILABLE*

Other Proposed Occupants	Date of Birth	Age	Relationship To Applicant
1.			
2.			
3.			
4.			
5.			

**Applicants must be able to care for or arrange for the care of the physical and mental health needs of self, child(ren), and other family members.**

**SOURCE OF INCOME**

**Proof of income from all sources for the 30 day period prior to application. (Monthly total)**

\$	Employment	\$	SSI	\$	SSDI	\$	Pension
\$	Unemployment	\$	SNAP	\$	TANF	\$	Child Support
\$	<b>Other:</b>		\$	<b>Other:</b>			

Applicants must have a gross monthly family income at or below the Very Low Income (50% of Median) Guideline established by HUD for the Evansville Metropolitan Statistical Area in effect at the time of application.

**Very Low Income Guidelines - Effective April 14, 2017**

1 Person	\$22,950/Year	5 Persons	\$35,400/Year
2 Persons	\$26,200/Year	6 Persons	\$38,000/Year
3 Persons	\$29,500/Year	7 Persons	\$40,650/Year
4 Persons	\$32,750/Year	8 Persons	\$43,250/Year

**LEGAL HISTORY**

**Have you ever been \*convicted of or pled guilty to a felony or misdemeanor?**  Yes  No

Date:		Date:	
Explain:		Explain:	
Date:		Date:	
Explain:		Explain:	

**When applicable, applicants must prove completion of substance abuse treatment program and document compliance with an ongoing aftercare program.**

<b>Do you have a history of :</b>	
• Violent or explosive behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Criminal convictions involving child abuse or sexual misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Recent criminal convictions involving violent or drug related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*\*This does not automatically disqualify your application.*



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## EMPLOYMENT HISTORY

Adult applicants must be available, legally eligible and willing to work, with or without reasonable accommodations, in accordance with program requirements.

	Current Employer	Previous Employer	Prior Employer
Employer			
Address			
Contact Number			
Job Title			
Name of Supervisor			
Monthly Gross Pay			
	From / To	From / To	From / To
Dates of Employment			
Reason for Leaving			

If you are accepted into the Goodwill Family Center, are you willing to comply with the following mandatory program requirements, per pay period based off gross income?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Completion of a minimum of 30-40 hours weekly in employment, training and educational activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Pay a 10% Occupancy Fee?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Pay 20% toward debt reduction?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Accumulate a minimum of 20% in a savings account?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## PROFESSIONAL REFERENCE

Acceptable reference sources may include: An employer, landlords, case workers and/or shelter staff.  
Please have each reference complete the reference form attached to this application.

NAME	CONTACT NUMBER	AGENCY	POSITION
1.	( )		
2.	( )		

## AUTOBIOGRAPHY

Please describe yourself and your family. Include past information, present situation and goals for the future.


\*This does not automatically disqualify your application.



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**REQUIRED DOCUMENTATION**

✓ The following documentation for ALL MEMBERS of your Family Unit is required when submitting an application. **PLEASE CHECK (✓) TO INDICATE DOCUMENTATION IS ATTACHED AND COMPLETE.**

Shelter Referral and/or written eviction notice, if applicable	Driver's license or State ID as required by I-9
Birth Certificates	Proof of legal emancipation, if applicable.
Social Security Cards	Proof of legal custody of minor children.
A written aftercare plan for substance/alcohol abuse, if applicable	Immunization Records
Proof of TB test in the last 30 days.	Proof of income for the past 30 days
Marriage Certificate or one year's worth of family history.	Any active protective orders

**If you are accepted into the Goodwill Family Center, are you able to:**

- Pay a \$30 security deposit in the form of cash?  Yes  No
- Pass a drug test within 24 hours of your acceptance?  Yes  No
- Attend an orientation meeting, lasting approximately 3 hours.  Yes  No
- Complete a Physical? *The Goodwill Family Center may pay for the physical if scheduled with ECHO Health Clinic.*  Yes  No

**APPLICANT STATEMENT**

Please indicate that you have read and that you understand each paragraph of this statement by placing your initials beside each paragraph.

I certify that this application was completed by me and that all entries on it and all information in it are true and complete to the best of my knowledge. In the event of an interview for residency, I understand that false, misleading or omitted information in my application may result in discharge.

I authorize investigation of all statements contained in this application for residency as may be necessary in arriving at a decision. In making this application for residency, I understand that an investigation may be made and information may be obtained through interviews with persons named as references. This inquiry may include information as to my character, general reputation, and personal characteristics. I consent to this investigation and to the consideration of any statements by references that are given in response to the inquiry.

I hereby release all parties submitting references from any and all liability for injury or damage that may result from their furnishing information to Goodwill Family Center, A Division of Evansville Goodwill Industries, Inc., concerning me or any action that Goodwill Family Center takes on the basis of such information.

I understand that this application is not, and is not intended to be, a contract of residency and that any resulting residency relationship is for no fixed period and is terminable at any time and for any reason by Goodwill Family Center or by me. I further understand that statements which may be contained in policies, practices, handbooks or other residential material do not create a guarantee of residency and that Goodwill Family Center has the right to modify, amend or terminate within the limits and requirements stated by law.

I understand that approval for residency is dependent not only on the application, but also my ability to meet eligibility criteria at the time of my move-in.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



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### ADMISSIONS REFERENCE CHECK

#### SECTION I – REFERENCE STATEMENT/AUTHORIZATION FOR RELEASE OF INFORMATION

Applicants of the Goodwill Family Center must provide two (2) professional references not related to any member of the family unit.

Date:		Applicant Name:	
Reference Name:		Title:	
Agency:		Contact Number:	
Address:			

How long had/have you been involved with the applicant?

When was the last time you had contact with the applicant? In what capacity?

Was the applicant referred to you?  Yes  No By Whom?

What would you describe as the primary positive skills and traits of the applicant?

What would you describe as negative traits or areas of weakness?

How would you describe the applicant's ability to get along well with others?

How well did/does the applicant respond to authority?

How well did/does the applicant respond to the rules and regulations?

What is your most significant concern with the applicant?

To your knowledge, does the applicant have any legal problems or a criminal history?



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**Continued... SECTION I – REFERENCE STATEMENT**

To your knowledge, does the applicant receive any benefits or assistance? Services from the community?

[Empty response box for benefits/assistance]

To your knowledge, has the applicant been involved in any violent relationships?

[Empty response box for violent relationships]

Do you believe the applicant will be successful in our program?

[Empty response box for program success]

Any additional comments regarding the applicant?

[Large empty response box for additional comments]

Reference Signature: [Empty signature line]

**SECTION II – CONSENT**

My signature below authorizes the above reference to release the contents of my record with their organization and to provide any additional information that may be necessary for my application for housing to the Goodwill Family Center.

I understand that I have the right to REVOKE this authorization at any time by written request. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event or condition: \_\_\_\_\_. If I fail to specify an expiration date, event or condition, this authorization will expire thirty (30) days following the end of my program/service/employment.

I understand that authorizing the disclosure of the above information is voluntary. I can refuse to sign this authorization. I understand that I have a right to a signed copy of this authorization and may inspect or copy information to be used or disclosed, as provided by federal and state law. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by applicable confidentiality rules. If I have any questions about disclosure of my health information, I can contact my program director or Evansville Goodwill Industries, Inc.'s Privacy Officer at 812-474-2222.

**SECTION III – APPLICANT SIGNATURE**

Applicant Name (Please Print): \_\_\_\_\_

Applicant Signature: [Empty signature line] Date: [Empty date line]

**RETURN COMPLETED REFERENCE TO APPLICANT OR BY FAX TO:**

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[Empty response box for benefits/assistance]

To your knowledge, has the applicant been involved in any violent relationships?

[Empty response box for violent relationships]

Do you believe the applicant will be successful in our program?

[Empty response box for program success]

Any additional comments regarding the applicant?

[Large empty response box for additional comments]

Reference Signature: [Signature line]

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**SECTION III - APPLICANT SIGNATURE**

Applicant Name (Please Print): \_\_\_\_\_

Applicant Signature: [Signature line] Date: [Date line]

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