

For office use only
Date and Time of application: _____
Date and Time of entry: _____
Date and time of exit: _____

## Application for Occupancy at the NOAH House

Primary Applicant Complete Name \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone# \_\_\_\_\_

Spouse or Significant Other Complete Name \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

List name, age, and date of birth of all children seeking housing:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Make, Model, and License Number of Vehicle: \_\_\_\_\_

List any serious medical conditions/allergies/prescription medicine users in the family:  
 \_\_\_\_\_  
 \_\_\_\_\_

List any prescription medications (dosage and times) taken by individual family members:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Most recent address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ Landlord Name \_\_\_\_\_

How long were you at the above address? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Address before the one above? \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Assistance received from other organizations or agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes list agency/contact person \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact : Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Phone# \_\_\_\_\_

List the names of any family members within one hour drive:

Name:	Address:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current or most recent employers for anyone in the household of working age:

Name of Person:	Employer:	Time Worked:	Position:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a case worker/counselor: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If Yes, Who: \_\_\_\_\_ Phone: \_\_\_\_\_

Have Drugs and/or Alcohol ever been an issue in your life? Past and/or Present: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, treatment received: \_\_\_\_\_

Are you on parole/probation? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes reason: \_\_\_\_\_  
Name of contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any criminal charges or court actions pending? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, reason: \_\_\_\_\_

**I hereby give consent to the board of NOAH Foundation, or its staff to use any of the above information, for the purpose of determining appropriateness of admission to the NOAH House. I verify that to the best of my ability all of the above information is true and accurate.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Noah House Representative: \_\_\_\_\_ Date: \_\_\_\_\_