



Lazarus House Ministries Inc. Ishah House

Application for Transitional Housing Program for Single, Homeless Women

Phone: (978)-689-4321 Fax: (978)-689-4524

Date of application ____/____/____ Phone: (____) - _____

First Name: _____ Middle _____ Last Name: _____

Social Security#: _____ - _____ - _____ : Ethnicity/Race _____ Age: ____ D.O.B ____/____/____

Language(s) spoken: _____ Language(s) written: _____

Referring source if any: _____ Contact Person: _____

Phone: _____ Reason for Referral: _____

1. Emergency Contact Information

Name _____ Phone number _____ Relationship _____ Address _____

2. Emergency Contact Information

Name _____ Phone number _____ Relationship _____ Address _____

Current address: _____

How long have you lived at this address? _____

Have you been asked to leave your current living situation? Yes__ No__ If yes, please explain. _____

Landlord History (last 5 years) _____

Employment:

Are you currently employed? Yes__ No__ Employer's Name: _____

Income Source:

TAFDC	\$ _____	Weekly/Biweekly/Monthly	SSDI	\$ _____	Weekly/Biweekly/Monthly
SSI	\$ _____	Weekly/Biweekly/Monthly	Unemployment	\$ _____	Weekly/Biweekly/Monthly
Alimony	\$ _____	Weekly/Biweekly/Monthly	Employment	\$ _____	Weekly/Biweekly/Monthly
Other	\$ _____	Weekly/Biweekly/Monthly			

Do you need any special accommodations? _____

By signing this document I certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Please bring the following documents with you at the time of your interview:

1. Completed application
2. Valid picture ID
3. Birth certificate
4. Social security card
5. Two recommendation letters (a service provider or a community leader)
6. Income verification (last four consecutive pay stubs, or benefit verification letter).