

## Vincent House Application

The Vincent House Transitional Shelter provides shelter and supportive services for homeless families with children while they work toward higher levels of self-sufficiency and prepare to move to their own housing. Vincent House Transitional Shelter program helps our residents by providing intensive, individualized case management and required participation in strong and proven programming. Our program requires strict compliance with our rent/program fees, Case Management and Family Engagement, along with group activities.

When completing this application, please include your full name and current phone number, email or other contact information. This will be used as a means of contact for residency. Once applications are processed, applicants are placed on a waiting list. Applicants should be clear of the following to be considered for housing: No active warrants, no history of convictions for sexual or violent crime against children, at least 3 years free of conviction for sexual or violent crimes against a person over the age of 18.

Applicants must be able to pass a drug test at time of intake and fall within income guidelines.

Application date: \_\_\_\_\_

**Applicant 1 (adult)** Name \_\_\_\_\_ Aliases/Maiden Name: \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Applicant 1 Phone # \_\_\_\_\_

**Applicant 2 (adult)** Name \_\_\_\_\_ Aliases/Maiden Name: \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Applicant 2 Phone # \_\_\_\_\_

Current Shelter/ Address \_\_\_\_\_ Referring Case Manager \_\_\_\_\_

How long at above address: \_\_\_\_\_

Previous stay at VH/ VV? \_\_\_ No \_\_\_ Yes: when: \_\_\_\_\_

Alternate/ Emergency phone # \_\_\_\_\_ Previous Address \_\_\_\_\_

Email \_\_\_\_\_

**Other Family Members:**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Relationship: \_\_\_\_\_ School: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Relationship: \_\_\_\_\_ School: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Relationship: \_\_\_\_\_ School: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Relationship: \_\_\_\_\_ School: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Relationship: \_\_\_\_\_ School: \_\_\_\_\_



Applicant 1 Employed: \_\_\_ No \_\_\_ Yes: where: \_\_\_\_\_ #hours: \_\_\_\_\_

Shift: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> (circle one)

Applicant 2 Employed: \_\_\_ No \_\_\_ Yes: where: \_\_\_\_\_ #hours: \_\_\_\_\_

Shift: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> (circle one)

Current Monthly Gross Income \_\_\_\_\_ Source of Income \_\_\_\_\_

Do you have previous evictions: \_\_\_ No \_\_\_ Yes Owe money (amount?): \_\_\_\_\_

When: \_\_\_\_\_ Evictions for Applicant 1 or Applicant 2? \_\_\_\_\_

Anyone in family: convicted of crime \_\_\_ No \_\_\_ Yes; parole/ probation \_\_\_ No \_\_\_ Yes;

outstanding warrants \_\_\_ No \_\_\_ Yes

If yes to above, explain: \_\_\_\_\_

Is family working with any other agencies/ programs (BB/BS, DCS, SCAN, Bowen, Park Center, B&G

Club, etc): \_\_\_\_\_

Any current illness/ allergies/ medical conditions? If yes, please explain:

Any special accommodations needed due to a physical or mental health condition?

If yes, please state accommodations needed:

I understand that if I am accepted into Vincent Village's programs:

- 1. I must pay rent/program fees as required.**
- 2. I must work and/or actively seek employment.**
- 3. Vincent Village is a substance free agency and drug screens may be required per staff request.**
- 4. I will be expected to follow all program rules and participate in setting & working goals to the best of my abilities.**

I affirm that all the information I have provided is true and complete, and I understand that any false or misleading information could result in termination of current or future services by Vincent Village, Inc.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referring Case Manager's Signature

\_\_\_\_\_  
Date

Submit Application and 2 attached documents at shelter (2827 Holton Ave, Fort Wayne, IN 46806) or by emailing: [application@vincentvillage.org](mailto:application@vincentvillage.org) Questions: Call 260-456-4712