

**EDEN, INC.  
HOUSING APPLICATION**

PLEASE PRINT

Date of Application \_\_\_\_\_

Applicant Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ How Long at Current Address? \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Ethnicity \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic or Non- Latino

Social Security Number \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Referring Agency \_\_\_\_\_

Mental Health Professional \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_

Applicant UCI/MACSYS Number \_\_\_\_\_

Primary Disability: \_\_\_\_\_ **Mental Illness** \_\_\_\_\_ **Mental Illness & Chemical Addiction**

Disability Eligibility – Qualifying Diagnosis \_\_\_\_\_

Please indicate any additional disabilities \_\_\_\_\_

(Ex: Primary disability is mental illness but also chemical addiction)

Signature & Title of Person Certifying Disability Eligibility:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

**Describe Your Current Housing Situation** (i.e. Homeless, Hospital, Group Home)

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Have You Ever Maintained Your Own Housing Unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have You Resided In Eden Owned Housing? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Why Did You Leave? \_\_\_\_\_

**If you are homeless – please answer the following 3 questions:**

Are you: \_\_\_\_\_ In a shelter? \_\_\_\_\_ On the streets? \_\_\_\_\_ In transitional housing?

Have you been continuously homeless (staying in shelter/on streets) for one year or more? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had at least four episodes of homelessness (staying in shelter/on streets) in the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

**List Previous Housing** – Brief History (**DO NOT Include Current Housing**)

<u>Address</u>	<u>Type</u>	<u>Dates</u>
1. _____		
2. _____		
3. _____		

**List Landlord Information** – Current and/or Previous 2

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____		
2. _____		

Was Any Previous Dwelling Damaged By Fire? Yes \_\_\_\_\_ No \_\_\_\_\_

Have You Ever Been Evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

Have You Ever Been Convicted Of A Felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Lifetime Registrant under the Sexual Predator Status? Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly Explain Any Yes Answers \_\_\_\_\_

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Are You Interested In Working Toward Employment Or Obtaining A Job?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Type of Housing Needed/Desired – Check & Explain All That Apply**

Single Home \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Duplex \_\_\_\_\_

Explain \_\_\_\_\_

Number Of Bedrooms: One \_\_\_\_\_ Two \_\_\_\_\_ Three \_\_\_\_\_ More \_\_\_\_\_

Explain (If More Than One) \_\_\_\_\_

Location – East \_\_\_\_\_ West \_\_\_\_\_ Any \_\_\_\_\_

If Specific, List Areas You Will Accept \_\_\_\_\_

Special Accommodations Needed \_\_\_\_\_

**Please List All Household Members** (Use Back Of Page To List Additional Members)

Name \_\_\_\_\_ Relation \_\_\_\_\_

Age \_\_\_\_\_ Income \_\_\_\_\_ Source \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Age \_\_\_\_\_ Income \_\_\_\_\_ Source \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Age \_\_\_\_\_ Income \_\_\_\_\_ Source \_\_\_\_\_

**Income/Resources/Entitlements** – Check All That Apply & Attach Documentation To This Application. (If Pending, Indicate Date You Applied and Status)

\_\_\_\_ SSI Amount \_\_\_\_\_ Status \_\_\_\_\_

\_\_\_\_ SSDI Amount \_\_\_\_\_ Status \_\_\_\_\_

\_\_\_\_ Employment Amount \_\_\_\_\_ Status \_\_\_\_\_

\_\_\_\_ ADC/OWF Amount \_\_\_\_\_ Status \_\_\_\_\_

\_\_\_\_ GA/DA Amount \_\_\_\_\_ Status \_\_\_\_\_

\_\_\_\_ Other Amount \_\_\_\_\_ Status \_\_\_\_\_

**Payee (If Applicable)** \_\_\_\_\_

(Name)

(Address)

(Phone)

*I attest that all the information provided is correct to the best of my knowledge. Any changes or additional data will be provided to Eden, Inc.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Mental Health Professional Signature \_\_\_\_\_ Date \_\_\_\_\_