



Prince of Peace Center
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 www.princeofpeacecenter.org

Family Supportive Services

Program Application for:

HOPE

FAITH

Referred by _____

Date _____

Head of Household Information

Last name _____

First name _____

Date of Birth _____

Age _____

Address _____

City _____

State _____

Zip _____

Telephone #1 _____

Telephone #2 _____

Social Security # _____

Notes:

Gender

Male

Female

Marital Status

Married

Single

Ethnicity

Black

Hispanic

Asian

White

Native

Arabic

Other:

American

Employment Status

Full-time

Unemployed

Student

Part-time

Disabled

Retired

Other:

Please check all items that you currently have:

Driver's License

Birth Certificate(s)

State ID Card

Social Security Card(s)

Medical Card

List other adults living in home (18 +):	Date of Birth	Age	Gender	Social Security #	Ethnicity
List children living in home (under 18):	Date of Birth	Age	Gender	Social Security #	Ethnicity

Please briefly explain why you are applying for FSS: _____

Housing Information

Are you currently homeless?	Yes	No	May we contact your landlord?	Yes	No
If yes, for how long?	_____		If yes, please provide:		
Have you ever been evicted or verbally asked to vacate any past residence?	Yes	No	Landlord's name:	_____	
Do you have a copy of the eviction notice?	Yes	No	Phone:	_____	

What is your primary residence for the past 30 days?

<input type="checkbox"/>	Own Residence
<input type="checkbox"/>	With Friends / Relatives
<input type="checkbox"/>	Jail / Prison
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Shelter
<input type="checkbox"/>	Street / Car / Vacant Building
<input type="checkbox"/>	Treatment Facility / Group Home
<input type="checkbox"/>	Other: _____

Please check all housing programs for which you have applied:

<input type="checkbox"/>	Section 8	Date: _____
<input type="checkbox"/>	Public Housing MCHA	Date: _____
<input type="checkbox"/>	Private Landlord	Date: _____
<input type="checkbox"/>	Centennial Place	Date: _____
<input type="checkbox"/>	Orange Village	Date: _____
<input type="checkbox"/>	Reynolds West	Date: _____
<input type="checkbox"/>	Shenango Park	Date: _____
<input type="checkbox"/>	Willow Village	Date: _____

Actual Household Income (last 30 days):

Employment	Welfare	Food Stamps	SSI/SSD	Unemployment
Child Support	Retirement/Pension	Other:		Monthly Total

Past Due Expenses:

Rent	Electric	Gas	Water	Sewer
Phone	Medical	Auto	Other:	

Please list three personal strengths and three personal weaknesses:	
<i>Personal Strengths</i>	<i>Personal Weaknesses</i>
1.	1.
2.	2.
3.	3.

Please list at least three (3) people that you have known for at least six months, who can attest to your character (personal or professional):		
Name	Phone	Relationship
1.		
2.		
3.		

In case of emergency, we should contact:

Name: _____

Address: _____

Phone: _____

The information that I have provided on this application is true. I understand that any false or misleading information may result in termination from the HOPE Advocacy or FAITH Initiative programs, should I be enrolled as a participant.

Applicant's Signature

Date

Director's Signature

Date