

HSH Group Independent Living

Resident Intake Application

1. Applicant Information

Full Legal Name: _____

Date of Birth: _____ Age: _____ SSN (Last 4): _____

Phone Number: _____

Email Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Driver's License/ID Number: _____

2. Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

3. Employment / Income Information

Employment Status: Employed / Unemployed / Disability / SSI / Other

Employer Name (if applicable): _____

Monthly Income: _____

Source of Income: _____

4. Background Information

Have you ever been convicted of a felony? Yes / No

If yes, explain: _____

Are you currently on probation or parole? Yes / No

Do you have any pending charges? Yes / No

Have you ever been evicted? Yes / No

5. Living Needs & Expectations

Preferred Move-In Date: _____

Do you require transportation assistance? Yes / No

Are you willing to comply with house rules? Yes / No

Briefly explain your housing goals: _____

6. Health & Safety Disclosure (Non-Medical Housing)

Do you have any medical conditions requiring special accommodation? Yes / No

If yes, explain: _____

Are you currently receiving mental health or substance abuse treatment? Yes / No

Emergency Medical Provider (if applicable): _____

7. Agreement & Authorization

I certify that the information provided is true and complete.

I authorize HSH Group to verify the information provided.

Applicant Signature: _____

Date: _____