



1007 Koala Drive • Omak, WA 98841
 509.826.8444 • Fax: 509.826.8564 • www.theshovehouse.org

The Shōve House Application

**To be filled out by
OBHC Staff:**
 Received by: _____
 Date: _____
 Time: _____

In order for you to be eligible for residency at The Shōve House, you must meet the following requirements:

- **Income at or below 30% of the area median income, residents must provide documentation of their income;**
- **Verification of chronic homelessness as defined by HUD: disabled adults due to mental illness or substance abuse, homeless for more than one year or experiencing 4 or more episodes of homelessness in the previous 3 years;**
- **Individuals must be medically stable and demonstrate an ability to live and function independently;**
- **Demonstrate a commitment to a clean and sober life style;**
- **Criminal background checks must not include a conviction for commercial drug operations, the manufacturing, delivering or possessions of controlled substances with intent to deliver, a conviction for a violent offense, or sexual offense;**
- **The individual must have proof of citizenship of the United States or lawfully in the United States with no immigration holds.**

Referral Information:

Referring Agency:	Contact Name:
Address:	City, State, Zip
Telephone Number:	Facsimile Number:
E-mail Address:	

Applicant Information:

Name of Applicant:	Social Security Number:
Current Residence or Contact Information:	
Telephone Number:	Hours when can be reached:



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Date of Birth:

Type of Current Residence:

24-hour shelter (name):	
Evening Shelter (name):	
Hotel/motel (name):	
Hotel/motel voucher by (county/city/state/other):	
Staying with family:	Staying with friends:
Living in car:	Living on streets:
Currently Hospitalized	
Name of hospital:	
Location/address:	
Length of Stay	
Release Date:	
Currently incarcerated	
Name of facility:	
Location/address:	
Reason for incarceration:	
length of stay:	
release date:	
Other (please describe):	

Other adults in family:

Name	Relationship	Date of Birth	SSN
1.			
2.			
3.			

List of Custodial and Non-custodial Children:

Name	Sex	DOB	<input type="checkbox"/> Custodial	<input type="checkbox"/> Non-Custodial
1.			<input type="checkbox"/> Custodial	<input type="checkbox"/> Non-Custodial
2.			<input type="checkbox"/> Custodial	<input type="checkbox"/> Non-Custodial



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3.			<input type="checkbox"/> Custodial	<input type="checkbox"/> Non-Custodial
4.			<input type="checkbox"/> Custodial	<input type="checkbox"/> Non-Custodial

(Continue on separate sheet if necessary)

Non-custodial Children

If you have non-custodial children, are you working on reunification? Yes _____ No _____

Previous Rental History for the Last Four Years

Name of Landlord and Phone number	Address City State	Length of Stay	Reason for Leaving

(Continue on separate sheet if necessary)

Court-ordered Unlawful Detainers:

Have you ever been forcibly removed from housing? Yes _____ No _____
Please explain:

Reasons for Prior Evictions

Nonpayment of Rent
Person in household not on lease
Illegal activity - drugs related
Illegal activity - non drug related
Domestic violence
Property damage



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Other (explain):

Date of last eviction?

The Shove House – Tobacco, Drug and Alcohol Free Living Environment:

Are you willing to live in a clean and sober housing facility Yes ___ No ___

Armed Forces (This information will not be used in evaluating your application or to discriminate against you in any way).

Have you ever served in the Armed Forces? Yes ___ No ___

Sex (This information will not be used in evaluating your application or to discriminate against you in any way).

Male Female Other

Citizenship

Are you a U.S. Citizen or lawfully allowed in the U.S.? Yes ___ No ___

Housing Assistance

Applicant has a Section 8 certificate or voucher in good standing? Yes ___ No ___

If yes, length of time remaining on certificate/voucher?

Issuing authority and/or program?

Applicant has other rental assistance available? Yes ___ No ___

If yes, describe:

Housing eligibility requirements?

If you do not have a housing assistance, are you willing to apply for a voucher or certificate?

Yes ___ No ___

Ethnicity: (This information will not be used in evaluating your application or to discriminate against you in any way).

Not Hispanic or Latino

Hispanic or Latino

Race: (This information will not be used in evaluating your application or to discriminate against you in any way).

American Indian/Alaskan Native



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- Asian
- Black/African America
- Native Hawaiian/Other Pacific Islander
- White
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African America
- Other Multi-Racial

Income/Employment History:

What is your monthly gross income:	
Is applicant currently employed? Yes ___ No ___	
If yes, where?	
Hourly rate?	
Number of hours per week?	
Employment status:	
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	
Length of current employment? (dates)	
Other sources of income:	
Supplemental Security Income (SSI)	\$ per month
Supplemental Security Disability Income (SSDI)	\$ per month
Social Security	\$ per month
Food Stamps	\$ per month
General Public Assistance	\$ per month
Temporary Aid to Needy Families (TANF)	\$ per month
Veteran's Benefits	\$ per month
Veteran's Health Care	\$ per month
Unemployment Benefits	\$ per month
Medicaid	\$ per month



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Disability	\$ per month
Worker's Compensation	\$ per month
Retirement/Pension	\$ per month
ADATSA	\$ per month
Other: (describe)	\$ per month
Other: (describe)	\$ per month

Determination of Disability:

Do you consider yourself as having a disability? ___ Yes ___ No

If yes, what is the disability?

___ Physical (Please note type of physical limitations and if any accommodation is required within the housing)

___ Developmental

___ Mental Illness

___ Chemical Dependency:

Alcohol Abuse

Drug Abuse

If you check disability as chemical dependency, please answer the following questions:

Are you currently receiving treatment Yes ___ No ___

Date treatment to end: _____

Place of treatment: _____

In-patient ___ Out-patient ___

Have received treatment and in recovery Yes ___ No ___

Date when finished last treatment: _____

Place of treatment: _____

in-patient ___ out-patient ___

Have received treatment and not in recovery Yes ___ No ___

Date when finished last treatment: _____

Place of treatment: _____

In-patient ___ out-patient ___

Have not received treatment Yes ___ No ___

How long have you been sober or clean? _____

Has this disability been diagnosed?

___ Yes. By whom? _____ (please attach written documentation)

___ No

Criminal Justice History:



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Have you ever been arrested and convicted of the following:

- domestic assault
- assault
- robbery
- property damage
- any violent crime (please explain on a separate piece of paper)
- drug possession
- distribution/trafficking
- sexual offense
- other

Do you currently have any outstanding criminal justice issues:

- outstanding warrants
- bail violations
- outstanding bail conditions
- current convictions awaiting sentencing
- sentencing obligations

Are there any legal and/or personal matters which could interfere with your taking possession and maintaining occupancy in this housing community? Explain:

References

Name:	Address:	Phone:

I certify the information in this application is true and correct. I authorize Okanogan Behavioral HealthCare's *The Shove House* to contact the sources listed in this application for the purposes of verifying the accuracy of the information.



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Signed: _____ **Date:** _____

Name of Applicant: _____

Witnessed by: _____ **Date:** _____

Name of Witness: _____