

The Grace Period Transitional Housing Application

The Grace Period provides transitional housing that is rent-free/low rent, utility-free temporary housing. Each family works hard to pay off debt, save money and focus on personal development. Staff and community volunteers partner with each family to set goals and gain the resources necessary to move into a residence of their own.

There are currently 3 program options (check the one you are most interested in):

- **90 Day Program (Rent and utility free)**
- **6 Month Program (Highly reduced rent & utilities included)**
- **12 Month Program (Highly reduced rent. Preference for this option is given to adults who have educational goals.)**

The Grace Period provides each family with a fully furnished house residence. The program is based upon high accountability and families are required to live based on needs alone (and not wants). Each adult in the household must have a full-time job or be actively seeking full-time employment and may not be out of a job for more than two weeks during the program.

Families are required to attend 3 weekly meetings, including case management, budget counseling, and personal development.

1. First, Middle, Last Name: (Nickname/ name you go by after full name)

2. Email Address

3. Applicant's previous last name and/or maiden name (if applicable):

4. Date of Birth:

5. Social Security number:

6. Gender:

7. Phone Number:

8. Marital Status:

Co-Applicant (If there is another adult that would be living in the residence):

9. First, Middle, Last Name: (Nickname/ name you go by after full name)

10. Co-applicant's previous last name and/or maiden name (if applicable):

11. Date of Birth:

12. Social Security number:

13. Gender:

14. Phone Number:

15. Marital Status:

Household Information

16. Dependents (that would be with you in the program) List Names and Ages:

17. Is anyone in your household pregnant? Yes No

18. Total Number of Dependents (counting those who do not live with you):

19. Have you ever applied for The Grace Period before? Yes No

20. Have you ever lived at The Grace Period before? Yes No

21. Referred By:

22. Where are you living now? Address Zip code ? Hotel, Car, Friend, Relative, Shelter, Other:

23. Do you have a valid driver's license? Yes No

24. Do you have transportation ? If no, how do you get around?

25. Household Income Sources

Applicant earned income: \$ _____

Co-Applicant earned income: \$ _____

Child support: \$ _____

SSI/Other Gov't funding: \$ _____

Food Stamps: \$ _____

26. Type of Household Debt:

Student Loans: \$ _____ Lot Rent: \$ _____

Credit Cards: \$ _____ Restitution: \$ _____

Car Loans: \$ _____ Insurance: \$ _____

Personal Loans: \$ _____ Payday Loans: \$ _____

Eviction balance: \$ _____ Past Utilities: \$ _____

Legal/Court Fees: \$ _____ Unpaid Taxes: \$ _____

Child Support: \$ _____ Other: \$ _____

27. Total Household Monthly Income:

28. Total Household Debt:

29. Employment Status

Applicant:

Co-Applicant if applicable:

Employed Full-Time

Employed Full-Time

Employed Part-Time

Employed Part-Time

Odd Jobs (explain)

Odd Jobs (explain)

Unemployed

Unemployed

Name Of Employer: _____

Name Of Employer: _____

How long have you worked there? _____

How Long have you worked there? _____

Weekly Hours worked: _____

Weekly Hours worked: _____

Hourly Rate: \$ _____

Hourly Rate: \$ _____

Weekly Schedule: _____

Weekly Schedule: _____

Do you have a second job? _____

Do you have a second job? _____

30. Education - Highest Level Completed:

APPLICANT:

- Some High School
- GED
- High School Diploma
- Professional Certificate
- Some college
- College Degree
- Some Graduate

Where? _____

In what? _____

Where? _____

Where (and Major)? _____

Where? _____

- Graduate Degree
- List any other licenses:

Where (and Major?) _____

CO-APPLICANT:

- Some High School
- GED
- High School Diploma
- Professional Certificate
- Some college
- College Degree
- Some Graduate
- Graduate Degree
- List any other licenses:

Where? _____
 In what? _____
 Where? _____
 Where (and Major)? _____
 Where? _____
 Where (and Major?) _____

Miscellaneous (circle "yes" if any of these apply to applicant OR co-applicant):

31. Veteran Yes No
32. Disabled Yes No
33. Tobacco use Yes No
34. Marijuana use Yes No

35. Are you in recovery from drugs/alcohol? If yes, sobriety date: _____

36. Ever been in rehab/AA/NA/CA/MA/PA? Yes No
37. Have you ever been a victim of domestic abuse? Yes No
38. Have you ever been a suspect of domestic abuse? Yes No
39. Have you ever been arrested? Yes No Explain:

40. Do you have any outstanding traffic tickets? Yes No Explain:

41. Do you have any outstanding warrants? Yes No Explain:

42. Are you on parole/probation/house arrest? Yes No Explain:

43. Briefly Explain YOUR situation:

44. Please explain why you are interested in our program?

Please mail completed application to: 5377 State Highway N Suite 404 Cottleville MO 63304