



## Living at Saint Louise House

The purpose of Saint Louise House is to empower women and their children to overcome homelessness by maintaining safe and stable housing. Participants in Saint Louise House meet weekly with their case manager to work on long-term and short-term goals around employment, education, money management, self-care, parenting, medical needs, support systems, and community participation. When program participants are actively engaged, achievable goals are created and accomplished.

To be eligible for Saint Louise House applicants must meet the following criteria:

- Be a single female head of household with children in her custody
- Be currently homeless
- Have consistent, verifiable income that can be put toward bills
- Be able to turn the electricity on in their own name
- Willingness and ability to work and/or go to school
- Willingness and ability to participate in supportive services and case management, and follow program guidelines

### Application Checklist

Copies of the following documents must be provided with application in order to be considered for admission to Saint Louise House:

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ Proof of income (i.e. SSI, SSDI, or SS statement, pay stub, TANF statement)
- \_\_\_\_\_ Driver's License or State Identification
- \_\_\_\_\_ Social Security Cards for all residents (if applicable)
- \_\_\_\_\_ Immunization records for each child (immunizations are required unless there is a documented medical need for a delayed or restricted vaccination schedule)
- \_\_\_\_\_ Call to verify that the application was received and call **at least once every thirty days**

If offered an apartment at Saint Louise House, applicants will be required to provide the following documentation prior to signing the lease agreement:

- Criminal Background Check
- Witnessed drug test
- \$100 security deposit upon move-in
- Verification of electric utility service in applicant's name in the apartment unit

Completed applications can be emailed to: [admissions@saintlouiselhouse.org](mailto:admissions@saintlouiselhouse.org), faxed to (512) 326-2290 or mailed to Saint Louise House.

PO Box 150637  
Austin TX 78715



SAINT LOUISE HOUSE  
Build. Believe. Become.

## Saint Louise House Housing Application

**Please fax completed application with documents to 512-326-2290 or email them to [admissions@saintlouisecouse.org](mailto:admissions@saintlouisecouse.org); Call 512-326-2774 with any questions**

Personal Information			
Name			
Age		Today's Date	
SSN - -	Date of Birth		Contact Number
E-mail Address			
Citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other: (please specify)			
Current Address			
City	State	County	Zip Code
What is your primary language?			
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino			
Race			
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White		
<input type="checkbox"/> Black/African-American & White	<input type="checkbox"/> Other Multi-Racial		
<input type="checkbox"/> American Indian/Alaskan Native & Black/African-American			
Referral Information			
What agency or person referred you to Saint Louise House?			
If an agency, who is your contact person there?			
What is his/her phone number?			
How long have you worked with this agency?			

**Dependants (Please include all children under the age of 18)**

**Child 1**

Name Age

Social Security Number - - Date of Birth

Ethnicity  Hispanic or Latino  Non-Hispanic or Non-Latino

**Race**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native                       | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American                               | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White   | <input type="checkbox"/> American Indian/Alaskan Native & White    |
| <input type="checkbox"/> Black/African-American & White                          | <input type="checkbox"/> Other Multi-Racial                        |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African-American |  |
| <input type="checkbox"/> Other/Unknown   |  |

Will this child be living with you?  Yes  No

If no, where do they live?

Has this child ever lived with someone else?  Yes  No

If so, with whom? from to

**Child 2**

Name Age

Social Security Number - - Date of Birth

Ethnicity  Hispanic or Latino  Non-Hispanic or Non-Latino

**Race**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native                       | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American                               | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White   | <input type="checkbox"/> American Indian/Alaskan Native & White    |
| <input type="checkbox"/> Black/African-American & White                          | <input type="checkbox"/> Other Multi-Racial                        |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African-American |  |
| <input type="checkbox"/> Other/Unknown   |  |

Will this child be living with you?  Yes  No

If no, where do they live?

Has this child ever lived with someone else?  Yes  No

If so, with whom? \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**Child 3**

Name \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number - - - - - Date of Birth \_\_\_\_\_

Ethnicity  Hispanic or Latino  Non-Hispanic or Non-Latino

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

Will this child be living with you?  Yes  No

If no, where do they live? \_\_\_\_\_

Has this child ever lived with someone else?  Yes  No

If so, with whom? \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**Child 4**

Name \_\_\_\_\_ Age \_\_\_\_\_

Social Security Number - - - - - Date of Birth \_\_\_\_\_

Ethnicity  Hispanic or Latino  Non-Hispanic or Non-Latino

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

Will this child be living with you?  Yes  No

If no, where do they live?		
Has this child ever lived with someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, with whom?	from	to
<b><i>At this time we are unable to accept families with more than five individuals</i></b>		
<b>Education</b>		
<i>Please check the most education you have completed.</i>		
<input type="checkbox"/> Last school grade completed	<input type="checkbox"/> High school diploma	
<input type="checkbox"/> GED	<input type="checkbox"/> Some college	Where?
<input type="checkbox"/> Vocational school	Where?	Type of training
<input type="checkbox"/> College degree	Where?	Type of degree
Are you currently in a school or training program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, then please answer the following:		
What is the program/school's name?		
Who is your contact person?	Contact number	
What are you being trained for?		
What is your educational goal?		
What is your plan to reach that goal?		
<b>Employment</b>		
Please list your past three employers, starting with the most recent:		
<b>Employer 1</b>		
Employer	Position held	City, State
When did you start this job?	What did you make per hour?	
When did you leave this job?		
How many hours, on average, did you work here per week?		
What was your main job duty?		
What skills did you use in this job?		

What parts of this job did you enjoy?		
How did you handle the challenges or stress of this job?		
Why did you leave?		
<b>Employer 2</b>		
Employer	Position held	City, State
When did you start this job?	What did you make per hour?	
When did you leave this job?		
How many hours, on average, did you work here per week?		
What was your main job duty?		
What skills did you use in this job?		
What parts of this job did you enjoy?		
How did you handle the challenges or stress of this job?		
Why did you leave?		
<b>Employer 3</b>		
Employer	Position held	City, State
When did you start this job?	What did you make per hour?	
When did you leave this job?		
How many hours, on average, did you work here per week?		
What was your main job duty?		
What skills did you use in this job?		
What parts of this job did you enjoy?		
How did you handle the challenges or stress of this job?		
Why did you leave?		
<b><i>If you have a current resume please attach with your application</i></b>		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, where?	How many hours do you work there each week?	
If you are not employed please list the places you have applied to in the past two weeks.		

Check any of the following that makes it difficult to find work:

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Transportation                | <input type="checkbox"/> No work history  | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Physical health/mental health | <input type="checkbox"/> Criminal History | <input type="checkbox"/> No Resume  |
| <input type="checkbox"/> History of Drug/Alcohol Abuse | <input type="checkbox"/> Education        | <input type="checkbox"/> Other      |

**Please check one number (1 being strongly disagree and 5 strongly agree)**

I have a lot of experience using e-mail.

- 1       2       3       4       5

I have a lot of experience using word documents on the computer.

- 1       2       3       4       5

I can type quickly on the computer.

- 1       2       3       4       5

I have a lot of experience using spreadsheets on the computer.

- 1       2       3       4       5

I can speak both Spanish and English very well.

- 1       2       3       4       5

I can speak Spanish very well.

- 1       2       3       4       5

I enjoy working in a team.

- 1       2       3       4       5

I work well by myself.

- 1       2       3       4       5

**Volunteer Experience (Please list any places you have volunteered in the past ten years)**

Place	What year?	For how long?
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Place	What year?	For how long?
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Place	What year?	For how long?
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**Housing**

When did you become homeless?

How did you become homeless?	
How long have you been homeless?	
Where did you stay last night?	
Please list the last three places you lived starting with the most recent:	
<b>Place 1</b>	
Place/Address	
When did you move in?	When did you move out?
Who was on the lease?	How much was the rent?
Who paid the rent?	Why did you leave?
Were you evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
Do you owe the landlord money? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
<b>Place 2</b>	
Place/Address	
When did you move in?	When did you move out?
Who was on the lease?	How much was the rent?
Who paid the rent?	Why did you leave?
Were you evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
Do you owe the landlord money? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
<b>Place 3</b>	
Place/Address	
When did you move in?	When did you move out?
Who was on the lease?	How much was the rent?
Who paid the rent?	Why did you leave?
Were you evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
Do you owe the landlord money? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
How many times have you been homeless?	



Estimated dates of most recent incidences of homelessness:		
1) _____ to _____	2) _____ to _____	3) _____ to _____
Have you ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
Have you ever owned a home or a trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever lived in supportive housing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
If yes, when?	Where?	
Why did you leave?		
Have you ever lived in subsidized or Section 8/Public Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
If yes, when?	Where?	
Why did you leave?		
Please list all the housing programs you have applied for in the past month:		
What is the status of these applications?		
Are you on the Housing Authority of the City of Austin public housing wait list? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, then what number are you on the wait list?		
Are you on any Section 8 wait lists? If so, which ones?		
<b>Family and Support Network</b>		
Do you have legal custody of your children? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, who does?		
Please list who or what you rely on for the below things:		
Financial assistance:		
Childcare:		
Place to stay:		
Emotional support:		
What agencies are you working with currently?		
What agencies have you worked with in the past?		
Have you been involved in case management in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, with whom?		

Where do you see yourself in one year?

**Legal**

Do you have any current/pending legal issues (i.e., divorce, child custody, child support, protective order, probation, etc.)?  Yes  No  I don't know

If yes, what is the legal problem?

Are you currently involved with Child Protective Services?  Yes  No  I don't know

If yes, what is the current status of your case?

Do you have any tickets or fines that need to be paid?  Yes  No  I don't know

If yes, what are the tickets or fines for?

Are there any warrants out for your arrest?  Yes  No  I don't know

If yes, what are the warrants for?

Have you ever been convicted of a misdemeanor?  Yes  No  I don't know

If so, what for? When?

Have you ever been convicted of a felony?  Yes  No  I don't know

If so, what for? When?

Have you ever been incarcerated?  Yes  No  I don't know

If so, what for? When?

Are you on probation?  Yes  No  I don't know

Are you on parole?  Yes  No  I don't know

If on probation/parole please give your probation/parole officer's name

What is his/her contact info?

When will your probation/parole end?

What are your expenses related to probation/parole?

What are your probation requirements (i.e. counseling, classes, community service)?

Have any of your children living with you been arrested or convicted of a crime?

Yes  No  I don't know

If yes, then which child For what?

Income/Debt	
<b>Monthly Income</b> <i>(Please fill out the amount for each category that applies to the income your family receives monthly.)</i>	
Employment	Unemployment
TANF	VA Benefits
Child Support	Worker's Comp
SSI (Social Security)	Other (please specify)
SSDI (Disability)	<b>Total Income</b> _____
Checking & Savings	
Does the family have any savings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, approximately how much?	
Do you have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is your current balance? Checking Savings	
What are your monthly fees on these accounts?	
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Debt</b> <i>(Please fill out the amount for each category that applies to your family's debt.)</i>	
Unpaid Rent	Other Utilities
Car Loan	Fines
Credit Card(s)	Childcare
Medical Bills	Student or Personal Loans
Electric	Probation/Parole
Phone	Other
Briefly list furniture and other household goods that you own:	
Medical	
Who are your current health care providers?	
Clinic/Facility name	
Doctor's Name	

Address
What hospital do you prefer?
Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
If yes, when is your due date?
What type of coverage do you have? (check all that apply)
<input type="checkbox"/> MAP <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other: <input type="checkbox"/> I do not have health care coverage
What type of coverage do your children have? (check all that apply)
<input type="checkbox"/> MAP <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other: <input type="checkbox"/> I do not have health care coverage
<b>Alcohol/Drug Use</b>
Check all of the drugs you have used:
<input type="checkbox"/> Heroin <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Marijuana <input type="checkbox"/> Speed <input type="checkbox"/> Ecstasy <input type="checkbox"/> Downers <input type="checkbox"/> Pain Killers <input type="checkbox"/> Mushrooms <input type="checkbox"/> LSD <input type="checkbox"/> Inhalants <input type="checkbox"/> Methamphetamines
Estimated last date of alcohol use
Estimated last date of drug use
Do you have any history of drug addiction or alcoholism? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
If yes, what is your drug of choice?
How many times have you received treatment?
Where did you receive your treatment from?
When did you graduate or complete this/these program(s)?
How long have you been clean and sober?
What support services are you using to assist in recovery? (Check all that apply)
<input type="checkbox"/> AA/NA/CA <input type="checkbox"/> Al-Anon <input type="checkbox"/> Therapy <input type="checkbox"/> None <input type="checkbox"/> Other
How many alcoholic beverages do you consume weekly?
<b>Transportation &amp; Childcare</b>
What is your present means of transportation? (Check all that apply.)
<input type="checkbox"/> Bus <input type="checkbox"/> Friend/relative <input type="checkbox"/> Car (If yes, do you own the car? <input type="checkbox"/> Yes <input type="checkbox"/> No)
Is this form of transportation dependable? <input type="checkbox"/> Yes <input type="checkbox"/> No

If no, please explain.

What is your present means for child care?

What is the name of the day care provider?

**Emergency Contacts**

**Person 1**

Name Relationship to you Contact Phone

Address

City State County Zip Code

**Person 2**

Name Relationship to you Contact Phone

Address

City State County Zip Code

**Hopes & Plans**

Briefly describe what you hope to accomplish by moving into Saint Louise House.

What support do you feel you need currently? (Please check one item in each row)

Childcare	<input type="checkbox"/> Receiving	<input type="checkbox"/> Need	<input type="checkbox"/> Don't Need
Mental Health	<input type="checkbox"/> Receiving	<input type="checkbox"/> Need	<input type="checkbox"/> Don't Need
Substance abuse counseling	<input type="checkbox"/> Receiving	<input type="checkbox"/> Need	<input type="checkbox"/> Don't Need
Education/Training	<input type="checkbox"/> Receiving	<input type="checkbox"/> Need	<input type="checkbox"/> Don't Need
Employment	<input type="checkbox"/> Receiving	<input type="checkbox"/> Need	<input type="checkbox"/> Don't Need
Money Management	<input type="checkbox"/> Receiving	<input type="checkbox"/> Need	<input type="checkbox"/> Don't Need
Legal Aid	<input type="checkbox"/> Receiving	<input type="checkbox"/> Need	<input type="checkbox"/> Don't Need
Parenting Support	<input type="checkbox"/> Receiving	<input type="checkbox"/> Need	<input type="checkbox"/> Don't Need
Transportation	<input type="checkbox"/> Receiving	<input type="checkbox"/> Need	<input type="checkbox"/> Don't Need
Spiritual	<input type="checkbox"/> Receiving	<input type="checkbox"/> Need	<input type="checkbox"/> Don't Need

**The information contained in this application is correct to the best of my knowledge.**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

(Staff signature)

Saint Louise House and the City of Austin/Austin Housing Finance Corporation do not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs and activities. Dolores Gonzalez has been designated as the City's Section 504/ADA Coordinator. If you have any questions or complaints regarding your Section 504/ADA rights, please call her at 974-3256 (voice) or 974-2445 (TTY).

Saint Louise House and the City of Austin/Austin Housing Finance Corporation are committed to compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended. Reasonable modifications and equal access to communications will be provided upon request. Please call 472-6882 (voice) or Relay Texas at 1-800-735-2989 (TDD) for assistance.

This publication is available in alternative formats. Please call 974-3110 (voice) or 974-3102 (TDD) for assistance.

