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## FAMILY SHELTER/ BETHLEHEM HOUSE APPLICATION

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How did you become homeless? \_\_\_\_\_

How long have you been homeless? \_\_\_\_\_

Where are you currently staying? \_\_\_\_\_

When do you have to leave your current living situation? \_\_\_\_\_

Please list Name/ Age/ Date of Birth/ Gender for each family member.

	Name	Date of Birth	Age	Gender
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Does anyone in the family have any needs that require special accommodations?  Y  N  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## CHILDREN

Are all school aged children enrolled in school?  Y  N

If no, please explain:

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Have the children attended school regularly?  Y  N

If no, please explain:

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Are any of the children special needs children?  Y  N

If yes, are they currently enrolled in a school program that meets their needs?  Y  N

Please explain:

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## EDUCATION

Please list adults (18 and over) involved in school or job training programs:

	Family Member's Name	Program Name	Hours per week
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Does anyone in the family need to enroll in GED/High School Completion/ESL classes? \_\_\_\_\_

## CURRENT EMPLOYMENT

	Employer or Business Name	Area Code/Phone Number
1.	_____	_____
2.	_____	_____

## INCOME

Please list all income and sources for all family members:

	Type of Income	Amount
1.	_____	_____
2.	_____	_____
3.	_____	_____

## HOUSING

Please list **ALL** low-income housing, transitional housing, housing authority, and shelter programs the family has applied for:

	Program Name	Date Application Completed	Current Status/Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Has your family ever been evicted?  Y  N

If yes, list: location month, year and reason for eviction/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is money owed? If so, how much? \_\_\_\_\_

Repayment plan?  Y  N

## HOUSING/LANDLORD REFERENCES

	Name of Reference	Area Code/Phone Number/Extension
1.	_____	_____
2.	_____	_____

## PERSONAL REFERENCES

	Name of Reference	Area Code/Phone Number/Extension
1.	_____	_____
2.	_____	_____

## PROVIDERS

Please list all providers currently working with the family.

	Provider/Agency Name	Phone/Extension	R.O.I. signed?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In case of emergency, provide a contact name and phone number:

	Name	Area Code /Phone Number	Relationship to You
1.	_____	_____	_____

I \_\_\_\_\_, verify that the information stated in this application is true and correct. I understand that false or misleading information of any kind may result in the denial of my application and/or the immediate exit of me and my family from the family shelter program.

\_\_\_\_\_  
Family Member (1) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member (2) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

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**\*\*PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. DUE TO THE HIGH NUMBER OF APPLICATIONS WE RECEIVE, WE DO NOT KEEP A WAITING LIST AND TYPICALLY, WE KEEP APPLICATIONS FOR 1 MONTH ONLY. APPLICATIONS CAN BE MAILED, EMAILED, FAXED, OR DROPPED-OFF IN-PERSON.**