



**ROSE of LIMA HOUSE**  
 A community of women  
 moving out of homelessness

# ROSE OF LIMA HOUSE APPLICATION FORM

**PLEASE ANSWER ALL QUESTIONS ON BOTH PAGES and have a professional who knows you sign the release of information on Page 2. Answering these questions honestly will NOT automatically exclude you from participating in this program. Our purpose in asking is to better understand your needs.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Emergency Contact (this should be someone who will know how to reach you if you're no longer at your current address and phone):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Primary source of income \_\_\_\_\_ Amount monthly \_\_\_\_\_

If employed, present employer \_\_\_\_\_

How long employed? \_\_\_\_\_

What was your last permanent housing situation? \_\_\_\_\_

How long did you live there? \_\_\_\_\_

How long have you lived in Seattle? \_\_\_\_\_

Have you stayed in shelters? \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

Name of Shelter

Dates of Stay

Have you ever been in an alcohol or drug treatment program? \_\_\_\_\_

Name/Location \_\_\_\_\_ Dates \_\_\_\_\_

How long have you been in recovery? \_\_\_\_\_ Do you have a sobriety plan? \_\_\_\_\_

Are you able to not use drugs/alcohol while living at Rose of Lima?

Have you ever been in an abusive relationship?

Rose of Lima House requests that you have no contact with a formerly abusive partner. Do you feel you could abide by that?

How would you describe your general health? \_\_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Bad or Poor

Are you under a doctor's care now? If so, with whom or where?

Are you taking any medication?

If yes, for what purpose?

Do you need a room located on the first floor or a barrier-free room because of physical limitations?

Have you ever been treated or hospitalized for mental health counseling or support?

Have you ever seen a counselor?

If so, when?

Have you ever attempted suicide?

If so, how long ago?

Do you have any children?

If so, are you working towards having your children live with you?

Have you ever been arrested?

If so, when and for what?

Where else have you applied for transitional or permanent housing?

Each week residents are expected to meet with a case manager and work toward accomplishing goals, attend two community meals, attend a weekly housemeeting, and volunteer four hours a week if not working or attending school. Do you feel you could live with these requirements?

In what ways could this program be helpful to you?

Do you have any questions or concerns about living in community?

FOR STATISTICAL RECORD-KEEPING PURPOSES ONLY: This information will not be a consideration in determining an applicant's eligibility for AHA housing.

Race/Ethnicity \_\_\_\_\_

**PLEASE BE SURE TO HAVE A PROFESSIONAL PERSON WHO KNOWS YOU SIGN THE RELEASE OF INFORMATION BELOW.**

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, HEREBY AUTHORIZE  
(name of applicant)

\_\_\_\_\_, to release/receive general progress report information to/from  
(name of referral source) Rose of Lima House.

This consent is valid during my application period AND during my stay at Rose of Lima House, but not to exceed one year. I understand that a written revocation of this release may be made at any time.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

To the best of my knowledge, I verify that \_\_\_\_\_ is homeless.

Referral source's signature \_\_\_\_\_ Date \_\_\_\_\_

Print Referral Source Name \_\_\_\_\_

Referral source's agency \_\_\_\_\_ Phone \_\_\_\_\_

Thank you for taking the time to fill out this application! We are looking forward to getting to know you.

Mail (or fax) to: Rose of Lima House  
120 Bell Street  
Seattle, WA 98121  
Tel: (206) 441-1200  
Fax: (206) 770-9510

A Program of The Archdiocesan Housing Authority