



The Hope House is a transitional housing program operated by The Hope Ministry of Belton 501c3. We hope you find this ministry program to be a supportive relationship where you can strengthen and prepare for your next steps in life.

To be considered for the Hope House, the applicant must be prepared to:

- Pay monthly program fee as detailed in their signed program agreement.
- Start working immediately on a permanent housing plan.
- Find and maintain gainful employment through the duration of their participation in the program
- Receive discipleship from The Hope Ministry of Belton members and or volunteers.
- Attend and participate in a local church.
- Participate in/attend additional programs, classes, or trainings as recommended by the Administrator.
- Keep the home in good repair, maintain the yard and surrounding property, and make the house available to Visitors upon request.
- Set financial, relationship and housing goals and be on track to accomplish them (i.e. take financial literacy classes, save money for a security deposit on a house, reconnect with family).
- Maintain sobriety and pass regular, random drug tests.
- Sex offenders and those with felonies within 2 years of application date are not eligible for this program.

# The Hope Ministry of Belton, 501c3

## Hope House Application

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Do you have children:  Yes  No # of children and their ages: \_\_\_\_\_

How many people will be living in your household: \_\_\_\_\_

Emergency contact name, relationship, and phone #: \_\_\_\_\_

Do you have a valid South Carolina Driver's License: \_\_\_\_\_

Driver's License/ID #: \_\_\_\_\_

Make, Model, Year, Color, license plate # of vehicle: \_\_\_\_\_

Car Insurance Company, Policy #, and phone number: \_\_\_\_\_

Are you currently employed:  Yes  No Where: \_\_\_\_\_

Work phone #, address, supervisor name: \_\_\_\_\_

What days and times do you work: \_\_\_\_\_

If not employed, what are you currently doing to find employment: \_\_\_\_\_

What is your total monthly income and where does it come from: \_\_\_\_\_

Do you have a bank account:  Yes  No Are you currently in any debt:  Yes  No

If yes, please list debtors and amount owed to each: \_\_\_\_\_

Are you willing to take a basic personal budget/finance class:  Yes  No

Do you have any chronic health problems:  Yes  No

Have you ever been diagnosed with a mental illness:  Yes  No

Do you have health insurance:  Yes  No When was your last physical: \_\_\_\_\_

Do you have a primary physician:  Yes  No If yes, name of physician and address: \_\_\_\_\_

\_\_\_\_\_

What medications are you currently taking: \_\_\_\_\_

Have you ever had any drug, alcohol, or any other addictions:  Yes  No

If yes, are you currently sober  Yes  No Sober for how long: \_\_\_\_\_

What (if any) programs, classes, rehabs have you or are you attending: \_\_\_\_\_

Do you have a sponsor:  Yes  No Name contact info of sponsor: \_\_\_\_\_

\_\_\_\_\_

Are you willing and in agreement with taking a random drug test/ breathalyzer:  Yes  No

Have you ever been convicted of a crime:  Yes  No \_\_\_\_\_

Do you have any pending criminal charges:  Yes  No

If yes, where and when are the convictions and pending criminal charges: \_\_\_\_\_

\_\_\_\_\_

Are you currently on probation:  Yes  No

If yes, name and phone # of probation officer: \_\_\_\_\_

What are the rules of your probation: \_\_\_\_\_

Have you been convicted of a felony in the past two years:  Yes  No

If yes, what were your charge(s)? \_\_\_\_\_

Are you a registered sex offender:  Yes  No

Do you agree to have a background check:  Yes  No If yes, please sign your name here:

Sign for consent of background check \_\_\_\_\_

What skills, training, degrees have you obtained: \_\_\_\_\_

\_\_\_\_\_

What do you feel are your strengths: \_\_\_\_\_

\_\_\_\_\_

What do you feel are your weaknesses: \_\_\_\_\_

\_\_\_\_\_

Who and what are your support systems: \_\_\_\_\_

\_\_\_\_\_

What, other than housing, do you feel like your immediate needs are: \_\_\_\_\_

\_\_\_\_\_

Please feel free to share any additional information here about yourself, your story, your future goals, etc.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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