



Gateway Homeless Coalition, Inc.

P.O. Box 326 • 695 Flemingsburg Road • Morehead, KY 40351
 Telephone: 606-784-2668 • Toll Free: 877-627-5754 • Fax: 606-780-7628
 www.gatewayhouseky.org

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Age: ____ Social Security#: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

How long at this address: _____ Telephone: _____ Gender: _____ Weight: _____

Why are you currently homeless? _____

Previous Address: _____ City: _____ State: _____ Zip: _____

How long at this address? _____ Why did you leave? _____

Referral Source: _____

*******PLEASE LIST ALL ADDITIONAL FAMILY MEMBERS THAT NEED SHELTER*******

Name	Sex	Relationship to Applicant	Date of Birth	Social Security Number

(Please answer for everyone applying for shelter)

Have you ever been a resident of Gateway House? Yes _____ No _____

Do you require special accommodations to climb stairs? _____

Has anyone applying for shelter ever been to jail **anywhere** at **any time**? _____ Describe: _____

Does anyone applying have any pending charges? _____

Does anyone applying currently have an Emergency Protective Order (EPO) or Domestic Violence Order (DVO) in place? _____

*******PLEASE COMPLETE BACK*******

NON-DISCRIMINATION: Gateway Homeless Coalition, Inc. (GHC) does not discriminate against any person in the provision of services or in any other manner on the grounds of race, color, ethnicity, creed, religion, sex, national origin, sexual orientation, gender identity, citizenship, marital status, familial status, ancestry, age, disability or veteran status. If you feel like you have been discriminated against by GHC, please contact the Executive Director or the local Title VI Coordinator at 606-784-2668.

CONFLICT OF INTEREST: I (we) certify that I (we) or any member of my family, are not an employee of GHC, not a member of the GHC board of directors, not related to an employee of GHC and not related to a member of the GHC board of directors. If such relationship exists, please notify staff.

CONFIDENTIALITY/PERMISSION STATEMENT: By signing below, I (we) hereby state that all of the information on this application is true, correct and complete to the best of my (our) knowledge. I (we) also give GHC the right to check my (our) criminal background information. I hereby agree to assure the confidentiality of other program participants and applicants at GHC. I (we) understand and agree that my application and file may be reviewed by GHC funders, including but not limited to the Kentucky Housing Corporation, Homeless and Housing Coalition of Kentucky, Department of Housing and Urban Development and any other funders who have legitimate interest.

In case of emergency, please contact:

Name: _____ Telephone: _____ Relationship: _____

Applicant Signature

Other Adult Signature

Staff/Member Signature

COPY OF PHOTO ID:			
	Yes	No	
BATCH NUMBER:			
STAFF MEMBER COMMENTS:			
<u>Staff Member</u>	<u>YES</u>	<u>NO</u>	<u>Comment</u>