



RESIDENCY APPLICATION

Complete Legal Name: _____
First Middle Last

Nickname/Other Names Used: _____ Date of Birth: ____/____/____
Must include a proof-of-age document.

Place of Birth: _____ Social Security Number: _____

Driver's License/State ID Number: _____
Please attach a photo copy of your ID to this application.

Please list below your place of residency, currently and for the last 12 months.

Current: _____ Since: _____

Previous: 1. _____ When? _____

2. _____ When? _____

3. _____ When? _____

4. _____ When? _____

Have you been a resident of Taney County for the most recent 12 months or longer? YES NO

Email Address: _____ Phone Number: _____

Facebook Information: _____
This will be used in case we have no other way of contacting you.

Any prior military service? YES NO

If yes, Branch: _____

Veteran Status: _____

Do you have a copy of your DD-214? YES NO
If yes, please include a copy.

Do you smoke or chew tobacco products? YES NO

If yes, by submitting this application you understand that using tobacco products is not permitted inside any building or home at Elevate Community.

Have you had an incident of bed bugs in the last 12 months? **YES** **NO**

Do you own a car that will be parked on Elevate Community property? **YES** **NO**

If yes, you will need to include a copy of your registration and insurance with this application. Please note, vehicles are prohibited from parking on the premises if they are inoperable or with no license plates, current registration, or current proof of insurance.

Are you currently homeless? **YES** **NO**

If yes, how many times have you been homeless within the last three years?

Please include the ranges for how long you were homeless for each episode (i.e. 1. July 2019-September 2019).

1. _____
2. _____
3. _____
4. _____
5. _____

Did you live in a motel at any point last year? If so, for how many months?

If longer than one year, please list total number of years in a motel.

1. _____
2. _____
3. _____

Are you currently covered by health insurance? **YES** **NO**

If yes, please provide a copy of your insurance card and check below the program(s) that provide your coverage.

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> VA Medical Services | <input type="checkbox"/> Other (Please Explain.) |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Employer Provided | _____ |
| <input type="checkbox"/> Private Pay | <input type="checkbox"/> Cobra | _____ |

Are you a victim of the 2017 Branson Area Flooding? **YES** **NO**

Have you ever been arrested and/or convicted of domestic violence? **YES** **NO**

If yes, please explain below.

Are you a registered sex offender or been convicted of felony sex crimes? **YES** **NO**

If yes, please explain below.

Do you currently have any outstanding warrants for your arrest? **YES** **NO**

If yes, please explain below.

Do you currently have any drug or alcohol addiction struggles? **YES** **NO**

If yes, please explain below.

Would you benefit from help in regards to drugs and alcohol? **YES** **NO**

If yes, please explain below.

Are you currently on probation? **YES** **NO**

If yes, please explain below.

Do you have any felony assault convictions? **YES** **NO**

If yes, please explain below.

To qualify for residency at Elevate Community your individual income can be no more than \$22,050 annually. Married households of two individuals can earn no more than \$25,200 annually.

Are you an Elevate Work/Jobs for Life graduate? **YES** **NO** Class Date: _____

Proof of income is required. Copy and attach one of the following:

W-2 Paycheck Stub Tax Return

ANNUAL INCOME

Earned Income (Pay received for a job) \$ _____
As listed on your most recent income tax filing.

Unemployment \$ _____

Supplemental Security Insurance (SSI) \$ _____
Please attach a copy of the award letter.

Supplemental Security Disability Insurance (SSDI) \$ _____
Please attach a copy of the award letter.

VA (Service Connected Disability) \$ _____

VA (Non-Service Connected Disability) \$ _____

Private Disability Insurance \$ _____

Worker's Compensation \$ _____

TANF \$ _____

General Assistance \$ _____

Social Security Retirement \$ _____

Pension/Retirement from Job \$ _____

Child Support \$ _____

Alimony/Spousal Support \$ _____

Other Source: \$ _____

SNAP (Food Stamps) \$ _____

WIC \$ _____

TANF Child Care Services \$ _____

TANF Transportation Services \$ _____

Other TANF Funded Services \$ _____

**Section 8, Public Housing Or Other On-Going
Rental Assistance** \$ _____

ANNUAL INCOME TOTAL \$ _____

ANNUAL EXPENSES

| | |
|---------------------------------------|-----------------|
| Phone | \$ _____ |
| Car Payment | \$ _____ |
| Car Insurance | \$ _____ |
| Food | \$ _____ |
| Transportation/Gasoline | \$ _____ |
| Medical (doctor, prescriptions, etc.) | \$ _____ |
| Other | \$ _____ |
| ANNUAL EXPENSES TOTAL | \$ _____ |

Do you own a pet? **YES** **NO**

If yes, what type? _____

How much does it weigh? _____ lbs.

If you are a pet owner, you are required to provide all shot records. Updated shot records may be required before moving into Elevate Community with your pet.

REFERENCES

Please list three people who are not family members and can serve as personal references.

REFERENCE 1

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

REFERENCE 2

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

REFERENCE 3

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACTS

Please list three people to contact in case of an emergency.

CONTACT 1

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT 2

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

CONTACT 3

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

This application is not complete until all required documents are included.

By signing and submitting this complete application, I guarantee the accuracy and completeness of the information provided. I AUTHORIZE **ELEVATE BRANSON** TO RUN A BACKGROUND CHECK ON ME (including social security verification, credit history, eviction history, criminal background, fingerprints, and terrorist watch list.) I UNDERSTAND THAT THIS INFORMATION WILL BE USED TO APPROVE MY APPLICATION FOR HOUSING AT **ELEVATE COMMUNITY**.

Applicant's Printed Name *Applicant's Signature* *Date*

Witness' Printed Name *Witness' Signature* *Date*

ELEVATE COMMUNITY STATEMENT OF INDEPENDENCE

Elevate Community is an innovative program of **Elevate Branson** designed to provide independent, affordable, sustainable housing with dignity to those in poverty. Poverty is defined as falling below the 50% Area Median Income limit of \$22,050 for an individual and \$25,200 for a married household of two individuals.

It is the expectation that all applicants will be able to live independently as a single occupant, a married couple, or an established domestic partnership in a tiny home in the community environment. Occupant(s) are expected to maintain a clean and orderly home. **Elevate Branson** staff will make periodic unscheduled inspections to insure homes are kept in an orderly fashion.

Elevate Community and applicant(s) acknowledge that it is very difficult to live on a limited income. It will be important for applicant(s) to understand and access other services that are available in the area that would help offset their cost of living. It is the responsibility of the applicant to obtain additional support services and community resources as needed.

By signing this document, I, the Applicant, attest that I am financially, physically, and emotionally fit to live independently as set out above. All information provided is true and accurate to the best of my knowledge. I understand that any inaccuracy or incomplete information provided could cause my application to be rejected.

Applicant's Printed Name

Applicant's Signature

Date

ELEVATE COMMUNITY RESIDENCY APPLICATION: REQUIRED DOCUMENTS CHECKLIST

- Signed, Completed Application *(pages 1-7)*
- Copy of Photo ID with Date of Birth *(page 1)*
- Copy of DD-214 (if you served in the military) *(page 1)*
- Vehicle License and Registration (if you own a car) *(page 2)*
- Proof of Insurance on Vehicle (if you own a car) *(page 2)*
- Proof of Health Insurance, Medicare, Medicaid (if available) *(page 2)*
- Proof of Income (W2, paystub, tax return) *(page 4)*
- Copy of Letter of Award For SSI, SSDI *(page 4)*
- Shot Records for a Pet (if applicable) *(page 5)*
- Background Check Authorization *(page 7)*
- Signed, Statement of Independence *(page 8)*

Please submit your completed application along with all required documents to:

Elevate Branson
ATTN: Elevate Connections
310 Gretna Road
Branson, Missouri 65616
417.239.7818