

Homes for Hearts (HFH) Resident Agreement, Application & Intake Questionnaire

Date: _____

Applicant Name: _____
(Please Print clearly)

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Below For Vetting Committee Use Only

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Date

Application Received By Vetting

Background Check Done

Background Check Outcome

Vetting Review Done

Reviewers response

Initial: _____ Candidate(Y/N): ____

Initial: _____ Candidate(Y/N): ____

Initial: _____ Candidate(Y/N): ____

Initial: _____ Candidate(Y/N): ____

Initial: _____ Candidate(Y/N): ____

1st Contact for Interview

2nd Contact for Interview _____
3rd Contact for Interview _____
Interview Date _____
Resolution and Date _____

Homes for Hearts (HFH) Community Agreement

HFH is an affordable, permanent homestead that provides a safe and secure place to be for those currently without housing. It is a self-governing community that is based on five basic rules:

- 1. No violence to yourselves or others**
- 2. No theft**
- 3. No alcohol, illegal drugs, or drug paraphernalia**
- 4. No persistent, disruptive behavior**
- 5. Everyone must contribute to the operation and maintenance of the Homestead.**

I will be a positive member of this community and contribute toward making it a safe, secure, clean and pleasant place to live.

Therefore I agree to the following:

- What I do will be based on love and respect for myself and others.**
- I will not disrespect others based on ethnicity, religion, gender, sexual orientation, handicap, lifestyle choices, or economic status. We all have the right to expect dignity and opportunity.**
- I will help make HFH a place where everyone feels safe and respected. For my own safety as well as the safety of others, I will not carry a weapon or act violently toward others or myself.**

- Since stealing is one of the most upsetting things that can happen in our community, I will not steal and will make the members of the Homestead Council aware of any stealing I see. I will respect other people's property and community property and I expect other people to respect mine.
- I know that illegal drugs and alcohol use can damage my community. I agree not to use illegal drugs or alcohol while at the Homestead.
- I will honor quiet hours from 10PM to 7AM so that others and myself can stay healthy and rested. I understand that no personal guests will be allowed during that time.
- I want to live in a clean, litter-free, comfortable space where I can bring friends, family and other guests. Also, I know that many communities such as ours get closed down for "health and safety" reasons. I will keep the area in and around where I live clean and orderly, and not store any personal items outside of my building footprint or allocated storage space. I will help keep the community areas clean and will pick up after myself and my pet, if I have one, and keep my pet leashed at all times. I understand that only a limited number of pets will be allowed in the Homestead in order to maintain an orderly environment.
- I understand that in order to maintain a secure environment there will be a single point of entrance and exit that will be staffed 24/7, and that security shifts will be shared equally among Homestead residents.
- I know that it can take a lot of work to keep the Homestead a safe, clean and pleasant place to live. I agree to work at least 10 hours a week on the operation and maintenance of the Homestead. This includes serving on security teams, helping with kitchen duties, construction projects, maintenance and clean-up crews, helping plan activities and other jobs that need to be shared by community members.
- I also know that there are financial costs to keep the Homestead running. I will support the goal of self-sufficiency by contributing each month either financially or through sweat equity by participating in micro-business opportunities or fundraising events.
- I will attend the weekly Homestead meetings, unless I have an acceptable reason for absence, in which case I will find out what went on by reading the meeting notes. I understand that decisions will be made through a majority vote, and that the Board of Directors of the non-profit reserves the right to override decisions made. I agree to abide by all decisions made.
- I affirm that I have completed the Background Check Form honestly along with all other application documents. I understand that if the background check reveals otherwise, I could be asked to leave immediately.

I promise to keep all of these agreements, as well as others that are approved at Homestead meetings. If I violate any agreements, the members of the Homestead Council are authorized to ask me to leave temporarily, or, in serious or repeat cases, to leave permanently. I will do so peacefully and not return unless I am authorized to do so.

I know that HFH is a place where people value community and support each other. I will try to think of ways to make our community a better place to be. When I am concerned or upset with situations in the Homestead, I will bring these problems to the attention of the appropriate people so that we can work together to figure things out. I willingly sign these agreements that are a contract between Homes for Hearts and me.

Name (Signature): _____

Date: _____

Homes for Hearts (HFH)

Application & Intake Questionnaire

Date: _____ Legal/Given Name: _____

Name Used: _____

Race/Ethnicity: _____ Gender: _____

Driver's License/State ID number: _____ State issued: _____

How do we contact you?

Location: _____

Phone: _____

Email: _____

Where did you sleep last night:

Date of birth: _____
Partnered

Circle one: Single / Married /

Is your spouse/partner applying to HFH? Yes / No

If so, spouse/partner's name: _____

Do you have children with you? Yes / No If so, how old are they?

Do you have a car? Yes / No

Do you have an RV? Yes / No

How much stuff do you have? Backpack / Car load / Truck load / Storage Unit

Do you have a pet? Yes/No

If so, what kind? _____ How many pounds? _____

Spay/neuter? Yes/No

1. How did you become unhoused?

2. How long have you been without stable housing?

3. Where was your most recent permanent address?

4. How long have you been in the Memphis/Tennessee Area?

5. Is this your first experience being unhoused?

6. Do you have a source of income? Yes / No If so, what source?

7. Do you get food stamps? Yes / No If not, do you want help applying?
Yes / No

8. Are you on OHP? Yes / No If not, do you want help applying? Yes / No

9. Do you receive SSI/SSDI? Yes / No If not, do you want help applying?
Yes / No

10. Are you on any housing lists? Yes / No If so, which?

_____ If not, do you want help
_____ applying? Yes / No

11. Have you been active in houseless issues/activism? Yes / No If so,
how?

12. Have you ever lived in a rest stop, homeless village or other community
environment? Yes / No

If so, which one and for how long?

13. Are you a veteran? Yes / No Branch: _____ Type of
discharge: _____

14. Are you employed? Yes / No If so, where and how many hours/week?

15. Do you have a disability or special needs? Yes / No If so, please
describe:

16. Female head of household? Yes/No

17. Elderly head of household (over 65)? Yes/ No

18. What goals do you have for yourself?

19. Is there anything you would like to tell us about yourself?

Skills Inventory

1. How far have you gone in school?

2. What did you study?

3. Any plans to go back to school? Yes / No To study what?

4. Have you worked for pay? Yes / No If so, what kinds of work have you done?

5. What is the best job you ever had?

Why?

6. What are your hobbies?

7.What of the following do you have experience with? (Check all that apply)

Rough Carpentry _____

Finish Carpentry _____

Plumbing _____

Electrical _____

Gardening _____

Farming _____

Security (Military/Law enforcement/Private) _____

Permaculture _____

HVAC _____

Inventing _____

Masonry _____

Driver _____

Mechanic/small engine repair _____

Chimney Sweeping _____

Roofing _____

Cooking/Food Service _____

Computers, Web Development _____

Computers, Word _____

Processing/Spreadsheets _____

Computers, Data Entry _____

Computers, Desktop publishing _____

Writing _____

Business owner _____

Activism/Community Organizing _____

Management _____

Community/Political Leader _____

Masonry _____

Spiritual Leadership _____

Sales _____

First Aid _____

Bookkeeping/managing money _____

Computers, Programing _____

Office Manager _____

Other:

8.Things you are interested in contribution to Homestead life:

Creative/Artistic _____

Communications/Outreach _____

Drawing, Illustration _____

Speaking/Presenting to groups _____

Writing – Promos, ads... ____

Filing ____

Stuffing Envelopes ____

Sewing/knitting ____

Coordination Volunteers ____

Bookkeeping/Accounting ____

Computer repair ____

Legal/Paralegal ____

Specific Software ____

Electrical ____

Medical/first aid (list certification) ____ / _____

Sign making/painting ____

Desktop publishing ____

Computer Graphics ____

Office and Administrative ____

Performance - acting, music, dance... ____

Cooking ____

Phone Calls ____

Computers ____

Networking ____

Note take, keeping minutes ____

Data Entry ____

Technical ____

Driving (list license type) _____ / _____

Carpentry _____

Plumbing _____

Roofing

Drafting/reading technical plans

Masonry

Leading work parties

Painting

Glazing

Landscaping

Gardening

Labor

Other:

Please provide an Emergency Contact:

| | |
|--------------|-------------|
| _____ | _____ |
| _____ Name | _____ Phone |
| Relationship | |

Homes for Hearts (HFH) Background Check Form

Notice: We will conduct a background check on all applicants. If that background check does not match your answers on this form, your application to live in Homes for Hearts will be denied. The only criminal offenses that automatically exclude are forcible/aggravated rape and sexual predation on children. PLEASE BE HONEST!

Last Name: _____ First Name: _____

Middle Name: _____

Date of Birth: _____ Last 4 digits of SSN: _____

Have you ever been convicted of a criminal offense? Yes / No

If yes, please state the City/Town, County and State, the date of the conviction, and charges you were convicted of. (Please use the back of the sheet if you need more room).

**1. _____ / _____
City, State, County Date/Yr**

Offense

**2. _____ / _____
City, State, County Date/Yr**

Offense

3. _____ / _____

City, State, County

Date/Yr

Offense

The information on this form is true and accurate to the best of my knowledge. I give permission to verify all information provided.

_____ **Applicant Signature**

Date

HFH Representative

Date