VILLAGE OF SECOND CHANCE

RESIDENT APPLICATION & ELIGIBILITY FORM

9011 Cornell Dr, Jonesboro, GA 30238 | **800-748-3027** | info@thevillageofsecondchance.com

Intake Representative: Selena Welch

I. APPLICANT INFORMATION

Full Name: _____ **Date of App:** _____

Date of Birth: ____/____/____ **Social Security Number (Optional):** _____

Phone Number: _____ **Email:** _____

Current Address: _____

_____

City/State/Zip: _____

_____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Phone: _____

II. HOUSING & BACKGROUND HISTORY

Reason for seeking housing at Village of Second Chance:

_____

_____

_____

_____

Current Living Situation: ■ Sheltered ■ Unsheltered ■ Transitional Housing ■ Living with Friends/Family ■ Other

Have you ever been evicted? ■ Yes ■ No

If yes, please provide approximate date and reason: _____

Do you have any pending legal matters or active parole/probation? ■ Yes ■ No

If yes, please explain: _____

III. INCOME & FINANCIAL DATA

Primary Source of Income: ■ Employment ■ SSI/SSDI ■ General Assistance ■ Family Support ■ No Income

Total Monthly Income Amount: $_____

Do you have a representative payee? ■ Yes ■ No

Payee Name/Agency (if applicable): _____

IV. REFERENCES

Please provide two professional or personal references (Case managers, former landlords, etc.).

1. Name: _____ **Phone:** _____ **Relationship:** _____

2. Name: _____ **Phone:** _____ **Relationship:** _____

V. APPLICANT ACKNOWLEDGMENT

I certify that the information provided is true and complete to the best of my knowledge. I understand that Village of Second Chance is an independent/shared housing provider and that any false statements may result in the denial of my application or

termination of my residency.

Applicant Signature: _____ **Date:** _____

VI. OFFICE USE ONLY — ELIGIBILITY REVIEW

Reviewer: Selena Welch, Intake Representative | **Date of Review:** _____

Eligibility Criteria Check:

■ Applicant meets age/identity requirements.

■ Applicant has a verifiable source of income or sustainability plan.

■ Applicant agrees to House Rules and Shared Living expectations.

■ Background check and reference check completed.

Final Decision:

■ **APPROVED** — Assigned Room/Bed: _____ Target Move-in Date: _____

■ **DENIED** — Reason: _____

■ **WAITLIST**

Authorized Signature: _____