



New Beginnings in Serenity Housing Program

Intake form

Participant Information

Full Name: _____

Date of Birth: // _____

Social Security Number (last 4 digits): _____

Phone Number: _____

Email Address: _____

Current Living Situation:

- Shelter
- Living with friends/family
- Transitional program
- Hotel/Motel
- Other: _____

Housing Needs & History

Why are you seeking supportive housing?

- Financial hardship
- Unsafe/unstable housing
- Recovery/reentry
- Seeking independent living
- Other: _____



Program Length	Living Preference	Move-in Timeline
<input type="checkbox"/> Weekly <input type="checkbox"/> Month-to-Month <input type="checkbox"/> 6+ Months	<input type="checkbox"/> Semi Private Room <input type="checkbox"/> Private Room	<input type="checkbox"/> Immediately <input type="checkbox"/> 30 days <input type="checkbox"/> Flexible

Income & Employment

Do you currently have a source of income?

Yes No

Monthly Income Amount: \$ _____

Source of Income:

- SSI/SSDI
- Employment
- VA Benefits
- Private Pay
- Retirement
- Other: _____

Are you currently employed?

Yes
 No

Employer Name (if applicable): _____

Job Title: _____

Work Schedule: _____

Health & Support Screening

Select all that apply:		
<input type="checkbox"/> Shared living comfort <input type="checkbox"/> Physical, Mental or Medical needs	<input type="checkbox"/> Receives case management, therapy or supportive services	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Veteran <input type="checkbox"/> Re-entry <input type="checkbox"/> Age 55 or older



<input type="checkbox"/> Transportation access <input type="checkbox"/> Communication access	<input type="checkbox"/> Criminal record or history of being violent or disruptive <input type="checkbox"/> Other: _____	<input type="checkbox"/> Disabled <input type="checkbox"/> Independent mobility
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Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Program Understanding & Acknowledgment

Please read, check and initial each box to confirm:

- _____ **Rent:** Monthly rent is due on designated day each month.
- _____ **Security Deposit:** The security deposit may be used for unpaid fees, damages beyond normal wear and tear, rule violations, or emergency relocation costs. Deposit refund eligibility is subject to program compliance.
- _____ **Immediate Discharge & Notice to Vacate:** **New Beginnings in Serenity LLC operates as a housing program-based residence, not a traditional landlord-tenant arrangement. Occupancy is contingent upon program compliance, and discharge from the program terminates the right to remain on the premises.**
- _____ **Substance-Free Environment:** The program is drug and alcohol free at all times.
- _____ **Visitors:** **No visitors** are permitted on the property.
- _____ **Living Arrangements:** Shared living space semi/private rooms
- _____ **Mail & Deliveries:** I understand that personal mail and packages are not delivered to this address. I am responsible for obtaining P.O. Box info from management or an alternate mailing address.
- _____ **Program agreement:** I understand that this is a month-to-month program and not permanent housing.



- _____ I agree to follow **ALL HOUSE RULES**, including respect for staff, other participants, and the property.
- _____ I agree to attend an in-person intake interview and orientation prior to placement.
- _____ I understand that any false information may affect my eligibility.
- _____ I give **consent** for **New Beginnings in Serenity, LLC** to contact my listed emergency contact in the event of a crisis.
- _____ **Emergency Procedures:** I agree to follow all emergency procedures related to fire, medical emergencies, and safety incidents as outlined in the program handbook.

Participant Agreement

I certify that the information provided on this intake form is true and accurate to the best of my knowledge. I understand that providing false information may result in denial or termination of program participation.

Signature of Applicant: _____

Date: _____

For Office Use Only

Date Received: _____

Reviewed By: _____

Accepted

Waitlist

Denied

Move-in Date (if accepted): _____

Room Assigned: _____

Notes: _____

