

Seven Counties Services

HOUSING APPLICATION

Date: _____

Referred by: _____

Name: _____

Date of Birth: _____

Address: _____

SSN: _____

Phone: _____

Marital / Relationship Status: _____

Emergency Contact: _____ Phone: _____

Please fill out the application in its entirety. Your answers do not automatically deem you eligible or ineligible, there will be an interview to follow up and go over your application.

Are you willing to stay in housing for a minimum of 90 days?

Do you have a state issued ID? YES / NO Driver's License? YES / NO

Do you have a Social Security Card? YES / NO

Are you physically able to care of yourself? YES / NO

PPW applicants:

How many children will be living with you? _____ Age (s) _____

How many children will be visiting? _____ Gender (s) _____

Are you children up to date on vaccinations? YES / NO

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Substance Use History

When was the last time you used any mind or mood altering substances/alcohol? (sobriety/clean/recovery date)

What is your drug (s) of "choice?"

Have you previously received any type of treatment for Substance Use? If so, when and where?

Medical History

Do you have any medical issues at this time? If so, what are they?

Are you currently taking any medication? If so, please list the names of the medications.

Do you have a history of delusions or hallucinations?

Do you have a history of Schizophrenia?

Do you have a history of Psychosis?

Have you ever been diagnosed with a mental illness? If so, what was the diagnosis?

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Legal History

Are you currently on Probation or Parole? If so, until when?

Do you have any pending arrest warrants?

Do you have any pending charges?

Do you have any future court dates?

Have you ever been convicted of a sexual or violent offense? If so, please explain.

Employment / Financial Information

Are you currently employed? If so, please list your employer and length of employment.

Do you have any other source of income? (Including disability, WIC, SNAP, KTAP, Etc.)

Please explain what actions you are currently taking to maintain your recovery. If you are working with a sponsor, what step are you on? If you are attending meetings please list your home group.

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$20.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$20.00 fee (check or money order).

Criminal Justice Agencies

Criminal Justice Agencies do receive a waiver of fees for requests that are for criminal justice purposes.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUAL'S INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature _____

Date _____

Company _____

E-mail address _____

Requestor/Contact Person _____

Telephone Number _____

Address _____

City, State, Zip _____

Please denote which purpose applies to this request:

- ☐ Employment
☐ Criminal Investigation
☐ Screening Housing Applicants
☐ Volunteer/Care over Juvenile
☐ Licensing
☐ Other (please explain) _____

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Housing is a recovery oriented living environment that helps provide a foundation of recovery and independent living skills. By applying to Housing, I'm committing to a minimum of a 90 day stay. Housing residents will be held to high standards of recovery behavior and attitudes. By signing this document, you are agreeing that the information you have provided is true and you understand that if you live in Housing you will be required to follow guidelines and expectations of the residence.

Signature: _____ Date: _____

Additional staff signatures:

Case Manager: _____ Date: _____

Housing PSS: _____ Date: _____

Current Counselor: _____ Date: _____

Program Manager: _____ Date: _____

(current program you are residing)

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Rental Application - Housing

Applicant Name (First, MI, Last) **DOB** **SS#** **Driver's License #**

Previous Address (last three years)

How Long?

Yrs.

Yrs.

List all states you have resided in last 10 years (2010-2020) _____

Employment:

Current Employment (Company Name, Address, Phone Number)

Mo. Income

Other Income _____

TOTAL Monthly INCOME _____

Personal References

Emergency Contact Name Address, City, State Phone Relationship

Nearest Living Relative

General Information:

1. Have you had an eviction filed on you? _____ If yes, list reason: _____
2. Do we have permission to do a criminal background check? _____
3. Have you ever been convicted of or pleaded guilty to a felony or misdemeanor? Yes No

If yes, in what city/state and please explain: _____

Applicant Signature (or Guardian, if appropriate)

Date