



Southside Community Center

San Marcos, TX

Transitional Housing Program Application

Date: _____ Name: _____

Phone Number: _____ Email: _____

Preferred form of contact: Call Email

Please indicate which of the below apply to your household, you may indicate more than one option if it applies:

At risk of homelessness Currently homeless

Homeless: residing in housing program Fleeing domestic violence

How long have you been homeless? _____

Where are you currently staying? _____

Where did you live previously? _____

Please give a summary on the events revolving around you becoming homeless:

How long do you plan to stay? _____

When can you move in? _____

Ages and Gender of everyone considered part of your household, **beginning with yourself:**

AGE	Date of Birth	Gender	Relationship to You
			Self

Continue Application on Next Page.





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Are your children currently in school? If so which campus?

Child's Name	Campus (school they attend)

Below is asked for grant purposes.

Marital Status: Single Separated Married Divorced Widowed

Race: African American American Indian or Alaska Native Asian Caucasian Other

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Is any member of your family a veteran? Yes No

Income related questions.

Is any member of your case employed currently? Yes No

If yes, where and how long? _____

Is any child above the age of 17 currently employed? Yes No

If yes, where and how long? _____

Do you receive any of the following:

SNAP: \$ _____ SSI: \$ _____ SSDI: \$ _____

TANIF: \$ _____ Child Support: \$ _____ Gifted Funds: \$ _____

Total Monthly Income: \$ _____

Continue Application on Next Page.





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Once this application gets completed and turned in, you will be added to the waitlist for the program. If you would like to know how long the waitlist currently is, you may ask the office staff. When we get to your application on the waitlist, the Case Manager will reach out to you and set up an intake interview for the program.

By applying to the Transitional Housing Program with Southside Community Center, I understand that:

1. By turning in this application, I am not guaranteed entry in the program. _____ Initials
2. I understand that I still need to complete the intake process set forth by Southside Community Center to qualify for the program, which includes an intake interview and drug screening process. _____ Initials

_____ Applicant Signature _____ Date

-----For-Office-Use-Only-----

Attempt 1 _____ Intake Scheduled for _____

Attempt 2 _____ Drug Screen Results _____

Notes

Approved / Denied _____

Date: ____/____/____

