

FLORETTA'S FOUNDATION

Housing Interest & Waitlist Form

Mission: A Step Towards Independence Via Safe Housing

Thank you for your interest in housing through Floretta's Foundation. This form allows us to learn about your housing needs and determine whether you may be appropriate for our housing programs.

Important: Completing this form does **not** guarantee housing, placement, acceptance into a program, or a particular housing location. Housing availability is limited, and submitting an interest form does not establish a landlord-tenant relationship.

If an appropriate housing opportunity becomes available, Floretta's Foundation may contact you using the information provided below.

SECTION 1 — APPLICANT INFORMATION

Full Legal Name:

Preferred Name:

Date of Birth:

Preferred Language:

Do you need an interpreter or language assistance?

- ☐ No
- ☐ Yes

If yes, what language?

SECTION 2 — CONTACT INFORMATION

Primary Phone Number:

Alternate Phone Number:

Email Address:

Preferred method of contact:

- ☐ Phone call
- ☐ Text message
- ☐ Email
- ☐ Other: _____

Best days/times to contact you:

Current Mailing Address

Address:

City: _____

State: _____

ZIP: _____

Are you currently staying somewhere other than the address listed above?

- ☐ No
- ☐ Yes

If yes, where are you currently staying?

SECTION 3 — CURRENT HOUSING SITUATION

Where are you currently staying?

- ☐ My own apartment/house
- ☐ Family or friends
- ☐ Foster care
- ☐ Transitional housing
- ☐ Shelter
- ☐ Hotel/motel
- ☐ Vehicle

- ☐ Hospital or treatment facility
- ☐ Temporary housing
- ☐ I am currently homeless
- ☐ Other: _____

How long have you been in your current housing situation?

- ☐ Less than 1 week
- ☐ 1–4 weeks
- ☐ 1–3 months
- ☐ 3–6 months
- ☐ 6–12 months
- ☐ More than 1 year
- ☐ Not applicable

Do you have a safe and stable place to stay tonight?

- ☐ Yes
- ☐ No
- ☐ Unsure

Are you at risk of losing your current housing?

- ☐ No
- ☐ Yes
- ☐ Unsure

If yes, when do you expect you may need alternative housing?

SECTION 4 — HOUSING NEED

What type of housing are you seeking?

- ☐ Transitional/shared housing
- ☐ Supportive housing
- ☐ Independent housing
- ☐ Clean & sober/shared living
- ☐ Other: _____

When do you need housing?

- ☐ Immediately
- ☐ Within 7 days
- ☐ Within 30 days
- ☐ Within 60 days
- ☐ Within 90 days

- ☐ More than 90 days
- ☐ I am planning ahead

Preferred area(s):

- ☐ Philadelphia County
- ☐ Montgomery County
- ☐ Bucks County
- ☐ Delaware County
- ☐ Lehigh County
- ☐ Other Pennsylvania location: _____

Would you consider housing in another nearby county if an appropriate placement were available?

- ☐ Yes
- ☐ No
- ☐ Maybe

SECTION 5 — PROGRAM POPULATION

Please select the category or categories that best describe your current housing situation or reason for seeking assistance.

- ☐ Young adult transitioning from foster care
- ☐ Veteran
- ☐ Justice-involved individual
- ☐ Survivor of human trafficking
- ☐ Person age 65 or older
- ☐ Person experiencing homelessness
- ☐ Person at risk of homelessness
- ☐ Other: _____

Foster Care Transition

If applicable, at what age did you leave foster care?

Are you currently receiving services from a foster-care transition program or other supportive service provider?

- ☐ Yes
- ☐ No
- ☐ Unsure

Service provider/agency name, if applicable:

SECTION 6 — HOUSEHOLD INFORMATION

Who would be seeking housing?

- ☐ Just me
- ☐ Me and a child/children
- ☐ Me and another adult
- ☐ Other: _____

Number of adults seeking housing:

Number of children seeking housing:

Would you require a private bedroom?

- ☐ Yes
- ☐ No
- ☐ Either private or shared room

Do you have any accessibility needs that may affect the type of housing you can safely use?

- ☐ No
- ☐ Yes
- ☐ Unsure

If yes, please briefly describe the housing feature or accommodation you need:

SECTION 7 — INCOME & HOUSING AFFORDABILITY

This section is for preliminary housing planning only. You may be asked to provide documentation later if you proceed with a housing application.

Do you currently have an income or financial resource?

- ☐ Yes
- ☐ No
- ☐ Unsure

Which sources apply?

- ☐ Employment
- ☐ SSI/SSDI
- ☐ Social Security
- ☐ Veterans benefits
- ☐ Public assistance
- ☐ Child support
- ☐ Foster-care transition benefits
- ☐ Scholarship/stipend
- ☐ Other: _____

Approximate monthly income/resources:

\$_____

Are you currently able to contribute toward housing/program fees, if applicable?

- ☐ Yes
- ☐ No
- ☐ Unsure

If yes, approximate amount you could reasonably contribute each month:

\$_____

SECTION 8 — SUPPORT SERVICES

Are you currently receiving assistance from any of the following?

- ☐ Case manager
- ☐ Social worker
- ☐ Foster-care transition worker
- ☐ Veteran services
- ☐ Behavioral health services
- ☐ Substance-use recovery services
- ☐ Workforce/employment services
- ☐ Legal services
- ☐ Victim/survivor services
- ☐ Other supportive services
- ☐ None

Would you like assistance connecting with supportive services?

- ☐ Yes
- ☐ No
- ☐ Unsure

Current agency/case manager, if applicable:

Agency phone/email, if known:

SECTION 9 — HOUSING PREFERENCES & NEEDS

What are the most important things you are looking for in housing?

Select all that apply:

- ☐ Safe and stable environment
- ☐ Affordable housing
- ☐ Furnished housing
- ☐ Transportation access
- ☐ Employment access
- ☐ Life-skills support
- ☐ Case management
- ☐ Community support
- ☐ Recovery-supportive environment
- ☐ Accessibility features
- ☐ Proximity to family
- ☐ Proximity to school
- ☐ Proximity to employment
- ☐ Other: _____

Please tell us anything else about the type of housing or support you are looking for:

SECTION 10 — URGENT HOUSING NEED

Is there an immediate situation that may cause you to become homeless or unsafe?

- ☐ No
- ☐ Yes
- ☐ Unsure

If yes, briefly explain:

Are you currently fleeing or experiencing an immediate safety threat?

- ☐ No
- ☐ Yes
- ☐ Prefer not to answer

If you are experiencing an immediate emergency, please do not rely on this waitlist form for emergency assistance. Contact 911 or an appropriate emergency/crisis service when necessary.

SECTION 11 — REFERRAL INFORMATION

How did you hear about Floretta's Foundation?

- ☐ Friend/family member
- ☐ Social media
- ☐ Website
- ☐ Foster-care agency
- ☐ Social worker/case manager
- ☐ Homeless-services organization
- ☐ Government agency
- ☐ Veteran-services organization
- ☐ Community organization
- ☐ Church/faith organization
- ☐ Healthcare provider
- ☐ Other: _____

Were you referred by an organization or professional?

- ☐ No
- ☐ Yes

Organization/agency:

Referral person's name:

Referral person's contact information:

SECTION 12 — EMERGENCY CONTACT

Providing an emergency contact is encouraged but may not be required to submit an interest form.

Name:

Relationship:

Phone:

Email:

May Floretta's Foundation contact this person if necessary?

- ☐ Yes
- ☐ No

SECTION 13 — COMMUNICATION CONSENT

By submitting this Housing Interest & Waitlist Form, I understand that Floretta's Foundation may use the contact information I provide to communicate with me regarding:

- housing availability;
- waitlist status;
- eligibility screening;
- additional information needed for a housing application;
- housing-related services or referrals; and
- opportunities to complete a full housing application.

Preferred communication methods:

- ☐ Phone
- ☐ Text
- ☐ Email

I understand that I may withdraw my permission to receive communications by contacting Floretta's Foundation.

Applicant Initials: ____

SECTION 14 — ACKNOWLEDGMENT

Please initial each statement:

____ I understand that submitting this form does not guarantee housing or placement.

____ I understand that housing availability is limited and that I may be placed on a waitlist.

____ I understand that Floretta's Foundation may need additional information before determining whether I am eligible for a particular housing program.

____ I understand that completing this form does not create a landlord-tenant relationship.

____ I understand that the information provided on this form should be truthful and complete to the best of my knowledge.

____ I understand that I may be asked to complete a separate housing application and provide supporting documentation if an appropriate housing opportunity becomes available.

____ I understand that placement decisions may depend on program eligibility, housing availability, safety considerations, program requirements, and applicable laws and regulations.

SECTION 15 — APPLICANT CERTIFICATION

I certify that the information I have provided on this Housing Interest & Waitlist Form is true and accurate to the best of my knowledge.

I understand that this form is an **initial housing-interest and screening document** and is not a final housing application.

Applicant Name:

Applicant Signature:

Date: _____

If completed by someone assisting the applicant:

Assisting Person's Name:

Relationship/Agency:

Signature:

Date: _____

FOR FLORETTA'S FOUNDATION USE ONLY

Initial Review

Date Received: _____

Received By: _____

Method Received:

- ☐ Online
- ☐ Email
- ☐ Phone
- ☐ In person
- ☐ Referral
- ☐ Other: _____

Preliminary Housing Status

- ☐ Housing interest received
- ☐ Added to waitlist
- ☐ Needs additional information
- ☐ Refer to another resource
- ☐ Not currently eligible for available program
- ☐ Emergency housing referral needed
- ☐ Full housing application invited
- ☐ Other: _____

Reviewer Notes:

Date Applicant Contacted: _____

Contact Method:

- ☐ Phone
- ☐ Text
- ☐ Email
- ☐ Letter
- ☐ In person

Next Action:

Assigned Staff/Case Manager:

Follow-Up Date: _____

PRIVACY NOTICE

Floretta's Foundation will maintain information submitted through this form in accordance with its applicable privacy, confidentiality, record-retention, and information-security policies.

Only information reasonably necessary for the housing-interest and program-screening process should be collected at this stage. Applicants may be asked to provide additional documentation through a separate application and eligibility-verification process.

Please do not submit Social Security numbers, financial account numbers, passwords, medical records, or other highly sensitive documents through this initial interest form unless specifically requested through an approved secure process.