

Pathways for Victims of Domestic Violence  
Homeless Crisis  
Housing Waiting List

Serving: Victims of Domestic Violence  
with proof of a Police Report and Order of Protection (5 to 10 years protection order)  
The Homeless  
with a verification letter of support from the County  
Sex Trafficking Victims  
With proof of a police report or order of protection

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternative Contact: ( ) \_\_\_\_\_ - \_\_\_\_\_

Please select the program in which you are applying for

- Permanent Housing
- Residential DV Shelter
- Family DV Shelter
- Individual DV Shelter
- Homeless Shelter for Families
- Homeless Shelter for Individuals
- Underground Shelter for Sex Trafficking Victims

Head of Household

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Soc. Sec. No. \_\_\_\_\_

Co-Head of Household:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Soc. Sec. No. \_\_\_\_\_

Co-Occupants (Adults)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Soc. Sec. No. \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Soc. Sec. No. \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Soc. Sec. No. \_\_\_\_\_

Co-Occupants (Children under 18 years old)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Soc. Sec. No. \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Soc. Sec. No. \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Soc. Sec. No. \_\_\_\_\_

Employment Verification:

Corporation: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Dept: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Human Resource Dept:

Contact No: \_\_\_\_\_ Position: \_\_\_\_\_

Previous Employer:

Corporation: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Dept: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Human Resource Dept:

Contact Number: (    ) \_\_\_\_\_ - \_\_\_\_\_ Position: \_\_\_\_\_

Are you homeless? Yes or No If yes, please explain?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a victim of domestic violence? Yes or No If yes, briefly explain why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a victim of sex trafficking? Yes or No Are you a victim of sexual assault? Yes or No  
If yes, briefly explain?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a Section 8 Voucher or any other housing voucher in the State of California or  
outside the state California? Yes or No If yes, what state is your voucher from? \_\_\_\_\_

Please check choice of floor plan

- 1 Bedroom 1 Bathroom Living room Dinning area and Kitchen.
- 1 Bedroom 2 Bathroom Living room Dinning area and Kitchen.
- 2 Bedroom 1 Bathroom Living room Dinning area S/Den and Kitchen
- 2 Bedroom 2 Bathroom Living room Dinning area S/Den and Kitchen
- 3 Bedroom 1 Bathroom Living room Dinning area S/Den and Kitchen
- 3 Bedroom 2 Bathroom Living room Dinning area S/Den kitchen and Balcony.
- 4 Bedroom 1 Bathroom Living room Dinning area S/Den and Kitchen
- 4 Bedroom 2 Bathroom Living room Dinning area S/Den kitchen and Balcony.
- 1 Bedroom 1 Bathroom Living room Dinning area (disable installations)
- 2 Bedroom 2 Bathroom Living room Dinning area (disable installations)

Is anyone in the home disabled? Yes or No Full Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

**Signature Required**

I \_\_\_\_\_ state that the information in this Housing Application is true to the best of my knowledge and I understand that if I have given any false information I will be terminated from the application process.

X \_\_\_\_\_ Date: \_\_/\_\_/\_\_ x \_\_\_\_\_  
Print Name Signature

Notary

X \_\_\_\_\_ Date: \_\_/\_\_/\_\_ x \_\_\_\_\_  
Print Name Signature

(Seal)

Are you a college student looking for off-campus housing? Yes or No

Send application to: 1653 7<sup>th</sup> Street, #114  
Santa Monica, CA 90401