



HAVEN LEGACY LIVING

A Place to Live. A Legacy to Build.

470-969-5900 | havenlegacyliving@gmail.com

1. Applicant & contact information

Complete all applicable fields. Write N/A when a question does not apply.

Applicant first name

Applicant last name

Assessment date (MM/DD/YYYY) and applicant age

Phone number and email address

Emergency contact name and relationship

Emergency contact phone number

Current or last known address, city, state and ZIP

Referring agency / case manager / phone (if applicable)

Preferred housing area and desired move-in date

2. Housing needs & daily living

Select all that apply where relevant. Explain any support or accommodation needed.

Current living situation

☐ Family ☐ Homeless ☐ Shelter ☐ Transitional ☐ Other

Reason for seeking a new place to stay

Can you manage your daily routine?

☐ Yes ☐ With support ☐ No

If support is needed, please explain

Can you clean and maintain your living space?

☐ Yes ☐ With support ☐ No

Are you comfortable with shared living?

☐ Yes ☐ No

Can you cook or prepare meals?

☐ Yes ☐ With support ☐ No

Currently working, in school or participating in a program?

☐ Yes ☐ No ☐ Seeking opportunities

Describe employment, school or program participation

3. Health & support needs

Health questions help identify housing supports. Share only information relevant to your needs.

Do you take prescribed medications?

☐ Yes ☐ No ☐ Prefer to discuss

Do you manage your medications independently?

☐ Yes ☐ With support ☐ N/A

Medication support or related accommodations needed (if any)

Any medical conditions relevant to housing needs?

☐ Yes ☐ No ☐ Prefer to discuss

Describe relevant needs or request a private discussion

Are you receiving mental health support?

☐ Yes ☐ No ☐ Prefer to discuss

Provider or support contact (optional)

Accessibility, mobility, dietary or other accommodation requests

You may request a private conversation about sensitive information.

4. Substance use & community safety

For sensitive questions, you may select Prefer to discuss and speak privately with staff.

Current alcohol use?

☐ Yes ☐ No ☐ Prefer to discuss

Current marijuana use?

☐ Yes ☐ No ☐ Prefer to discuss

Other non-prescribed drug use?

☐ Yes ☐ No ☐ Prefer to discuss

Use of nicotine products?

☐ Yes ☐ No ☐ Prefer to discuss

Relevant substance use details or support needs (optional)

Willing to live in a drug-, alcohol- and smoke-free environment?

☐ Yes ☐ No ☐ Discuss with staff

Current or past participation in substance use treatment?

☐ Yes ☐ No ☐ Prefer to discuss

If yes, when and where? (or request a private discussion)

Any history of violent behavior or aggression?

☐ Yes ☐ No ☐ Prefer to discuss

If yes, explain the circumstances and current safety supports

5. Shared living & personal goals

These questions identify expectations to discuss before any housing agreement is signed.

Can you follow an applicable curfew, with approved exceptions?

☐ Yes ☐ No ☐ Need to discuss

Can you follow visitor and overnight guest rules?

☐ Yes ☐ No ☐ Need to discuss

Can you participate in household chores?

☐ Yes ☐ With support ☐ No

Are you willing to attend meetings and check-ins?

☐ Yes ☐ No

Are you open to respectful staff feedback?

☐ Yes ☐ No

Will you bring an animal?

☐ Pet ☐ Assistance animal ☐ No

Animal details / support or accommodation needed

What motivates you to seek housing with Haven Legacy Living?

Short-term goals

Long-term goals

Support needed to reach your goals



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6. Income, references & acknowledgment

Submitting this form does not reserve a room or guarantee approval or placement.

Do you currently have income?

☐ Yes ☐ No

Income sources (select all that apply)

☐ Employment ☐ SSI/SSDI ☐ VA benefits ☐ Family ☐ Other aid

Other source / payer / assistance agency and total monthly income (\$)

Can you afford the housing costs once provided in writing?

☐ Yes ☐ No ☐ Unsure

Financial obligations affecting housing payments (or N/A)

Previous landlord name and phone / email (or N/A)

Documents available for later verification

☐ Photo ID ☐ Income proof ☐ Need help obtaining

Provide document copies through a method arranged with staff; do not include an SSN here.

Optional: Contact me about my application and housing availability by:

☐ Phone ☐ Email ☐ Text

Text consent is optional. Message and data rates may apply.

Tell staff if you wish to stop texts. Contact preferences do not determine eligibility.

I confirm the information is accurate to the best of my knowledge. I understand eligibility and availability must be reviewed before placement. This is not a lease.

Applicant signature (typed or handwritten) and date

Staff reviewer / review date / follow-up notes