



CATHOLIC COMMUNITY SERVICES  
OF WESTERN WASHINGTON

# DOROTHY DAY HOUSE

## PRE-APPLICATION

First Name	Middle	Last Name	Date
Date of Birth	Social Security #	Contact Phone	Email Address
Current Address/Mailing Address	City	State	Zip Code
Monthly Income	Hourly Wage	Hours Worked	Sources of Income

**Are you, or will you be in the next 12 months, a full-time student?**     YES     NO

*Housing History: Please list all the places you've stayed for the last 12 months (continue of back if necessary)*

NAME OF BUILDING	DATES STAYED	CONTACT PERSON	PHONE #

*References: List two professional references (i.e. caseworker, counselor, etc.) that we may contact.*

NAME	AGENCY	RELATIONSHIP	PHONE #
1. _____			
2. _____			

*By signing below, I certify that the above information is true and correct to the best of my knowledge. I also authorize representatives of Catholic Housing Services (CHS) to check any references that may be used to determine my eligibility for housing.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

<i>DDH STAFF ONLY</i>
<i>Contact Info</i>