

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

Contact Info

DDH STAFF ONLY