

PEACE ON PROSPERITY

RESIDENT APPLICATION

2922 Prosperity Ave | Dallas, TX | (469) 231-7021

Purpose: This application helps determine whether the home can safely and appropriately meet the applicant's housing and support needs. Complete all applicable sections. Information will be handled confidentially and used only for lawful housing and care-planning purposes.

1. Applicant Information

Legal name	_____
Preferred name	_____ Pronouns (optional): _____
Date of birth	_____ Age: _____
Phone / Email	Phone: _____ Email: _____
Current address	_____ _____
Government ID	Type: _____ State: _____ Last 4 digits only: _____
Marital status	Optional: _____ —

2. Referral and Requested Admission

Referred by	Name/agency: _____ Phone: _____
Requested move-in	Date: _____ ☐ Flexible ☐ Urgent (explain below)
Reason for housing	_____ _____
Anticipated stay	☐ Less than 3 months ☐ 3–6 months ☐ 6–12 months ☐ Long term

3. Emergency Contacts and Authorized Representative

Primary contact	Name: _____ Relationship: _____
Contact details	Phone: _____ Email: _____
Secondary contact	Name: _____ Phone: _____
Representative	☐ None ☐ Guardian ☐ Power of Attorney ☐ Case Manager ☐ Other

Representative details	Name/agency: _____ Phone: _____ _____
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4. Current Living Situation and Housing History

Current setting	☐ Private home ☐ Hospital ☐ Shelter ☐ Facility ☐ Other: _____
Current contact	Landlord/facility: _____ Phone: _____ _____
Previous residence	Address/facility: _____ _____
Dates / reason left	From: _____ To: _____ Reason: _____ _____
Housing concerns	Any eviction or lease balance requiring explanation? ☐ No ☐ Yes (explain)

5. Income, Benefits, and Payment

Income sources	☐ SSI ☐ SSDI ☐ Employment ☐ Pension ☐ VA ☐ Family ☐ Other
Monthly income	\$_____ Benefits pending? ☐ No ☐ Yes: _____ _____
Responsible payer	☐ Applicant ☐ Family ☐ Agency ☐ Other: _____ _____
Payer contact	Name: _____ Phone/Email: _____ _____
Payment method	☐ ACH ☐ Card ☐ Money order ☐ Other: _____ _____

6. Daily Living and Support Needs

Check the level that best describes the applicant. Details should focus on the support needed—not merely a diagnosis.

Activity	Independent	Needs reminders	Needs hands-on help
Bathing / grooming	☐	☐	☐
Dressing	☐	☐	☐
Toileting	☐	☐	☐
Eating	☐	☐	☐
Walking / transfers	☐	☐	☐

Activity	Independent	Needs reminders	Needs hands-on help
Medication routine	☐	☐	☐
Transportation	☐	☐	☐
Money management	☐	☐	☐
Housekeeping / laundry	☐	☐	☐

Mobility equipment	☐ None ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other: _____
Communication	Vision, hearing, language, or communication support: _____
Diet	☐ Regular ☐ Diabetic ☐ Low sodium ☐ Allergies ☐ Other: _____
Personal care	Describe assistance, prompting, or supervision requested: _____

7. Health, Safety, and Medication Information

Provide information necessary to plan safe housing and supports. Do not attach full medical records unless specifically requested and authorized.

Primary care provider	Name: _____ Clinic/phone: _____
Preferred pharmacy	Name: _____ Phone: _____
Allergies	☐ None known ☐ Yes—list medication/food/environmental allergies below
Health considerations	Conditions or symptoms the home should know to respond safely: _____
Recent care	Hospital/ER visit in last 90 days? ☐ No ☐ Yes—date/reason: _____
Fall/seizure risk	☐ No known risk ☐ Yes—describe safety plan below
Behavioral support	Triggers, calming strategies, elopement/wandering risk, or support plan: _____
Substance considerations	Current recovery supports or safety needs (if applicable): _____

Current Medications

Medication	Dose	Schedule	Purpose	Self-administers?
				☐ Yes ☐ No

Medication	Dose	Schedule	Purpose	Self-administers?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

8. Reasonable Accommodation and Accessibility

The applicant may request a reasonable accommodation or modification when needed because of a disability. A diagnosis is not required on this application.

☐ No request at this time ☐ Yes—request described below ☐ Please contact me to discuss

9. Personal Preferences and Community Fit

Daily routine	Typical wake/sleep times, appointments, work/day program: _____
Interests	Hobbies, faith/community activities, preferred social activities: _____
Room preference	☐ Private ☐ Shared ☐ No preference Other: _____
Smoking	☐ No ☐ Yes ☐ Uses vaping products (subject to home policy)
Transportation	☐ Self/family ☐ Public/paratransit ☐ Assistance needed
Goals	What would make this placement successful? _____

10. Documents Checklist

☐ Photo ID ☐ Proof of income/benefits ☐ Insurance card (if relevant)
☐ Medication list ☐ Emergency contacts ☐ Guardianship/POA documents (if applicable)
☐ Service plan/discharge summary (if authorized) ☐ Other: _____

11. Applicant Certifications and Authorizations

☐ I certify that the information provided is true and complete to the best of my knowledge. I understand that materially false or omitted information may affect admission or continued residency, subject to applicable law.

☐ I authorize the boarding home to contact the references, providers, agencies, or representatives listed in this application only as reasonably necessary to verify information, determine service compatibility, coordinate admission, or protect health and safety. I understand that a separate written release may be required for protected health information.

- ☐ I understand that submitting this application does not guarantee admission. Admission is based on available space, the home's ability to safely meet the applicant's needs, payment arrangements, and compliance with applicable fair-housing and other laws.
- ☐ I acknowledge that, before move-in, I will receive and have an opportunity to review the residency agreement, fees, refund policy, house rules, resident rights, complaint process, emergency procedures, and discharge/termination policy.

Applicant	Signature: _____ Date: _____ _____
Representative	Signature: _____ Date: _____ _____
Relationship/authority	_____ _____

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Application received	Date/time: _____ Received by: _____ _____
Interview / tour	Date: _____ Completed by: _____ _____
Assessment	☐ Appropriate fit ☐ More information needed ☐ Unable to meet needs
Decision	☐ Approved ☐ Waitlisted ☐ Declined Proposed move-in: _____ _____
Reason / follow-up	_____ _____
Administrator	Signature: _____ Date: _____ _____