HAVEN COVE MANOR
INDEPENDENT LIVING

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60-90 DAY HOUSING WAITLIST FORM

Structured Independent Living • A Place to Live. A Path Forward.

Complete this form to be considered for housing anticipated within approximately 60-90 days.

HCM WILL CONTACT APPLICANTS AS HOUSING AVAILABILITY IS CONFIRMED

1 APPLICANT INFORMATION

FULL NAME _____ **DATE OF BIRTH** _____ **GENDER** _____

PHONE NUMBER _____ **EMAIL ADDRESS** _____ **PREFERRED CONTACT METHOD** _____

CURRENT FACILITY OR STREET ADDRESS (IF APPLICABLE) _____ **CITY / STATE / ZIP** _____

2 HOUSING NEED AND PREFERENCES

PREFERRED TIMEFRAME

☐ Within 60 days ☐ Within 90 days ☐ Flexible

ROOM PREFERENCE

☐ Semi-private ☐ Private ☐ Either

CURRENT LIVING SITUATION

☐ Unsheltered ☐ Shelter ☐ Family/friends ☐ Housed ☐ Other: _____

REASON HOUSING IS NEEDED

_____

3 INDEPENDENT LIVING READINESS

Manages all daily activities independently	☐ Yes	☐ No	Self-administers medications	☐ Yes	☐ No
Can follow structured shared-home rules	☐ Yes	☐ No	Agrees to drug- and alcohol-free living	☐ Yes	☐ No
Can provide photo ID and proof of income	☐ Yes	☐ No	Has a verifiable payment source	☐ Yes	☐ No

HCM provides structured, non-medical shared housing. Applicants must be able to live independently.

4 INCOME AND HOUSING PAYMENT

INCOME SOURCE (CHECK ALL THAT APPLY)

☐ SSI ☐ SSDI ☐ VA benefits ☐ Employment ☐ Other: _____

MONTHLY INCOME $ _____ EXPECTED MONTHLY HOUSING BUDGET $ _____

5 REFERRAL CONTACT (IF APPLICABLE)

REFERRER NAME AND TITLE _____ **ORGANIZATION** _____ **PHONE / EMAIL** _____

6 APPLICANT CONFIRMATION AND HCM USE

APPLICANT / REPRESENTATIVE SIGNATURE _____ **DATE** _____ **HCM STATUS** ☐ Active ☐ Contacted ☐ Removed