

ANNA LOUISE INN

APPLICATION FOR RESIDENCE
300 Lytle Street Cincinnati, Ohio 45202
513-421-5211

Anna Louise Inn is operated by Cincinnati Union Bethel, a non-profit charitable organization dedicated to assisting residents of Cincinnati in a variety of ways. Since 1909, Anna Louise Inn has been providing a residential setting for women at a minimal cost. Operating costs are partially subsidized by Cincinnati Union Bethel. In addition to room and board, the Inn provides supportive services.

You are asked to complete this application, providing the Inn with all requested information so that the Inn's management may process your application in a timely manner. Complete disclosure is required. Falsification of any information contained herein may result in denial of residence. Acceptance of this application does not create a tenant-landlord relationship between Cincinnati Union Bethel and the applicant. The applicant shall be all times only a licensee of the Anna Louise Inn. Notice to leave the premises may be given by Anna Louise Inn at any time with or without cause. Residency is granted for a maximum period of one week. At the expiration of the one-week period, the resident must request, at the sole discretion of the Anna Louise Inn, another one-week residency period. Residents may be granted subsequent one-week residency periods by making payment for the upcoming week. When granted, the dated receipt will serve as evidence of a new one-week residency.

<u>APPLICATION INFORMATION</u>					
Applicant's Name: _____					
_____	_____	_____	_____		
	First	Middle	Last		
Current/Prior Address: _____					
_____	_____	_____	_____		
	Street Address	City, State	Zip		
_____	Age: _____	Date of Birth: _____	Place of Birth: _____		
_____	Phone #				
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated
Social Security #: _____		Nickname: _____			
Name & Address of Parents/Guardian (if a minor): _____					
		Name			
_____		_____		_____	
Street Address	City, County, State		Zip	Area Code/Phone #	

<u>REFERENCES</u>		
Please list two reference (other than parents/guardians/current residents/family members).		
1) _____		
_____	_____	_____
Name		Area Code/Phone #
_____	_____	_____
Street Address	City, State	Zip
2) _____		
_____	_____	_____
Name		Area Code/Phone #
_____	_____	_____
Street Address	City, State	Zip

VEHICLE REGISTRATION

Do you own a car? Yes No

Make & Model: _____ License Plate #: _____ Color: _____

RENTAL HISTORY/INCOME INFORMATION

Landlord Information (if currently renting): _____
Landlord's Name _____ Area Code/Phone # _____

Have you ever been evicted? Yes No Date(s): _____ Referred by: _____

Have you lived at Anna Louise Inn before? Yes No Date(s): _____

Name and Address of Current Employer/School Program:

Company/School	Area Code/Phone #
Street Address	City, State
Supervisor/Counselor	How Long
Position Title/School Curriculum	Monthly Income \$ _____

If unemployed, please check source of income:

<input type="checkbox"/> SSI/SSDI	\$ _____ /MONTH
<input type="checkbox"/> Social Security	\$ _____ /MONTH
<input type="checkbox"/> Department of Human Services	\$ _____ /MONTH
<input type="checkbox"/> Other: _____	\$ _____ /MONTH

PLEASE NOTE: The charge for weekly room and board is set forth in the Rules of Residence of Anna Louise Inn as incorporated in the Application for Residence.

I, _____, authorize _____
Applicant Employer

to verify income I have reported to the Anna Louise Inn on the Application for Residence.

Signature of Applicant

Date

MEDICAL INFORMATION

Personal Physician/Clinic	Area Code/Phone #	
Street Address	City, State	Zip
Psychologist/Psychiatrist	Area Code/Phone #	
Agency Name	City, State	Zip
Therapist/Case Manager/Social Worker	Area Code/Phone #	
Agency Name	City, State	Zip
Case Worker	Area Code/Phone #	
Street Address	City, State	Zip

Please note any medical or physical disability so that your residency may be assisted.

Medications currently taken as prescribed by physician(s): _____

Hospital Choice (local): _____ Are you allergic to bee/wasp stings? Yes No

List any medications to which you are allergic: _____

Have you been hospitalized in the past five years? Yes No

Briefly describe hospitalization: _____

INSURANCE INFORMATION

I have medical insurance: Yes No

Type of insurance: Medicare Part A OR Part B

Medicaid Case # _____

Private: _____

Name of Company	ID#	Policy #
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EMERGENCY NOTIFICATION

Please contact the following in the event of illness or other emergencies (preferable family members):

1) _____

Name	Relationship	Area Code/Phone #
Street Address	City, State	Zip

2) _____

Name	Relationship	Area Code/Phone #
Street Address	City, State	Zip

ADDITIONAL INFORMATION

Do you or have you ever participated in AA/NA meetings? Yes No

Sponsor's Name (if applicable): _____ Phone #: _____

Have you ever been incarcerated? Yes No

Comments: _____

I would like to become a resident of Anna Louise Inn. I have read and signed the Rules of Residence of Anna Louise Inn incorporated into this application. I agree to provide police record checks from the City of Cincinnati and Hamilton County at my own expense. I agree to follow and be bound by the Rules of Residency of the Anna Louise Inn (attached) and understand that non-compliance will be grounds for termination of residency. I agree further to pay when due all charges set forth on this application.

Applicant's Signature

Date

THE SECTION BELOW IS TO BE COMPLETED BY THE INTERVIEWING STAFF

Date: _____ Interviewed by: _____ Room #: _____

Preferred Move-In Date: _____ Actual Move-In Date: _____

INTERVIEWER CHECKLIST

- | | | |
|--|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Review Rules of Residence | <input type="checkbox"/> Copy of Police Check |
| <input type="checkbox"/> Income Verification | <input type="checkbox"/> Discuss FLC Program | <input type="checkbox"/> Discuss Rent Payment |
| <input type="checkbox"/> Review the Following Information: | Smoking Areas | |
| | No cooking or ironing in rooms | |
| | No open containers of food | |
| | No burning of candles or incense | |
| | Phone System | |

Comments: _____

