

We are glad you are interested in our Family Resident Program for mothers with children.

Please carefully read the materials in the enclosed information packet. If you decide to apply for the Resident Program you will need to take the following steps:

- ❖ Return the Preliminary Application to our office.
- ❖ Call us at 719-632-4661 to schedule your first appointment.
- ❖ Assemble the information requested on the Interview Preparation Instructions sheet, and bring it with you to your second appointment.

We look forward to hearing from you soon.

On Behalf of the Program Staff

Ron Bennett

Program Director



1880 South Cascade
Colorado Springs, CO 80905-2553

Preliminary Application for Residential Program

(Please print) Date: _____

Name: _____ Date of birth: _____

Current address (include zip): _____

Last permanent address (if different from above), include zip: _____

List two phone numbers where you can be reached: () _____

() _____

Social Security number: _____

Marital status (place check beside the one that currently applies to you)

Never married Married Divorced Separated Widowed

If married, name of spouse: _____

Names and ages of children: _____

Why are you interested in becoming a resident at Family Life Services? _____

What things about yourself or your circumstances do you want to change or improve? _____

Are you currently employed? Yes No

If yes, where: _____

Are you currently a student? Yes No

If yes, where: _____ Courses of study: _____

Anticipated date of completion: _____ Degree or certificate: _____

How were you referred to Family Life Services? _____

Name of person referring you _____

Do you think you understand the policies and requirements of the program? Yes No

Do you think any of them will be a problem for you? Yes No

If yes, which ones and why: _____



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Interview Preparation Instructions

Please bring to your interview:

- Preliminary Application
- Valid I.D. (driver's license or state identification card)
- Verification of employment (last two pay stubs), employment termination or acceptance, job training, eviction notices, judgments, disabilities
- Proof of any income other than employment
- Proof of any state benefits, include case number, caseworker's names and phone numbers
- List of all debts and assets, copies of all bills you currently pay
- Verification of your most recent address (old utility bill, letter you received through the mail or a lease agreement)
- Proof of physical health for you and your child (ren), such as proof of recent physical exams. Include any hospitalizations or any type of illnesses within the past two years
- Documentation of any legal action concerning you or your child (ren) within the past three years, such as judgments, decrees, and litigation (include divorce, alimony, child support, visitation)
- Names, addresses, and phone numbers of landlords for the last three years
- Names, addresses, and phone numbers of two personal references who know you well
- Name, address and phone number for your pastor or spiritual counselor



Family Life Services, Inc. 1880 S. Cascade Avenue
Colorado Springs, Colorado 80905-2553
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RESIDENTIAL PROGRAM AGREEMENT

Resident Name _____ Unit number _____

Children _____

Social Security number _____ Phone number (____) _____

Employer _____ Phone number (____) _____

Employment Address _____

Position _____ How long? _____ Monthly income \$ _____

Government aid case number (if applicable) _____ Monthly income \$ _____

Resident's last address _____

How much did you pay for rent? \$ _____ per month. How long did you live there? _____

Landlord _____ Phone number (____) _____

Name of bank or credit union _____

Savings account # _____ Checking account # _____

The undersigned resident agrees to the following specified conditions and to pay service fees on a month- to-month basis beginning _____(date) and lasting no longer than 24 months from this date. The monthly service fee is \$ _____, payable in advance on the first day of each and every month. The first month's service fee and a security deposit of \$ _____ on the unit are due upon occupancy.

The security deposit will be refunded when the resident family vacates the unit, if the apartment is left clean and in good condition.

Conditions

The residents of the specified unit agree to all of the following.

1. Keep the premises clean and in safe condition. Floors should be kept mopped or vacuumed by the resident. Wood laminate floors must be cleaned with a mop and Bono Floor Cleaner ONLY. Some vinyl floors do not require wax. Please obtain specific instruction from the Operations Manager as to how to clean your floors. Furniture, carpets, and floors must be left in good, clean condition when moving out.
2. Residents and their guests refrain from destroying, defacing, damaging, or removing any part of the premises.
3. Occupy the unit on a regular and continuous basis and notify your counselor or the Program Director of any overnight absences from the unit.
4. Use the unit as a residence only and have no more than____ people living there.
5. Pay the service fee on time and pay a penalty of \$_____per day for each day after the 5th of the month if fee is past due.
6. Give thirty (30) days written notice prior to vacating the premises.
7. Make no alterations or improvements to the unit without the prior written consent of the director.
8. No subletting or assigning any rights to the unit.
9. No accommodating boarders or lodgers.
10. Abide by the Resident Guidelines, which are considered a part of this agreement.

Fee Assistance

This ministry is designed to assist single mothers on limited incomes to become independent and self-supporting. Our resident fee is considerably below the actual cost of providing these services. To help mothers cover their part of the expenses, we may accept vouchers for subsidized housing from the local housing authority.

Inspections

1. The management may enter the unit at any time without advance notification, whether or not the resident is present, to inspect the unit or when there is reasonable cause to believe that an emergency exists.
2. The management shall, upon reasonable advance notification, be permitted to enter the unit during reasonable hours for the purpose of performing routine inspections and maintenance, for making improvements, or to show the facility to new residents. Residents will receive a written notice at least two days before management entry specifying the purpose of the entry. This shall be considered reasonable advance notification.
3. In the event that the resident is absent from the unit at the time of entry, the management shall leave on the premises a written statement specifying the date, time, and purpose of entry.

Damages

In the event that the premises are damaged, or conditions are hazardous to the life, health, or safety of the occupants, the following will apply.

- 1. The resident shall immediately notify management of the damage.
- 2. The management shall be responsible for repair of the unit within a reasonable time.
- 3. If the damage was caused by the resident, her child(ren), or her guest, the reasonable cost of the repairs shall be charged to the resident.

Repossession of Unit

It is agreed that the resident shall not be in arrears in the payment of any fees, or any portion thereof, or fail to fully abide by any policies or agreements herein contained to be performed by the resident. The resident has seven (7) days after receiving written notice to correct any default. If the default is not corrected the resident must vacate the unit. The resident irrevocably appoints Family Life Services management as agents to at any time after written notice is handed to the resident or delivered to the resident's unit, enter the unit, remove all remaining items, change the locks, and assume exclusive possession of the unit. The resident waives all claims and defenses to such a loss of possession and agrees that Family Life Services shall not be required to initiate legal proceedings to obtain possession and may perform the following.

- 1. Declare the term of this agreement ended.
- 2. Repossess said unit.
- 3. Peacefully expel and remove the resident, her child (ren), or any person or persons occupying the same and their effects.

All without prejudice to any other remedies available to Family Life Services for arrears of fees or breach or agreement.

I hereby release Family Life Services, its administrators, staff representatives, board of directors, and all others, including personnel of the referring agency, from any direct or implied responsibility for injuries or property lost, damaged, or stolen, except in cases of clear negligence on their part.

Resident signature _____ Date _____

Director signature _____ Date _____