



## CHAT HOUSING NOW APPLICATION

CHAT-HOUSE # \_\_\_\_\_

Check all that apply: Disabilities\_\_\_ Veteran\_\_\_ Student\_\_\_ Campfire\_\_\_  
Children\_\_\_\_\_

Legal Name:\_\_\_\_\_ Date:\_\_\_\_\_ Gender:\_\_\_\_\_

Phone number: \_\_\_\_\_ Email:\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle one: Single / Married / Partnered

Emergency contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ETHNICITY: (please circle one) Hispanic/Latinx or Not Hispanic/Latinx

RACE (circle one or more): American Indian or Alaska Native - Asian - Black or African American - Native Hawaiian or other Pacific Islander - White.

Are you a Veteran? \_\_\_ Branch: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Family size: \_\_\_ How many children? \_\_\_ How many living with you? \_\_\_ Ages: \_\_\_\_\_

Are you looking for housing with another person/people?\_\_\_\_\_ If yes, please describe the relationship:

\_\_\_\_\_

Are you willing to share a house with other people, if you have your own room? \_\_\_\_\_

Do you have a pet(s)? \_\_\_\_\_ Type of pet(s)?\_\_\_\_\_

Have you stayed in (circle): Torres Shelter Sabbath House Rescue Mission Vectors

Jesus Center Housing Stairways CHAT-House\_\_\_\_\_

Other \_\_\_\_\_

What was your experience there? \_\_\_\_\_

Where are you staying now? \_\_\_\_\_ How long? \_\_\_\_\_

Were you affected by the Camp Fire? \_\_\_\_\_ How were you affected?\_\_\_\_\_

\_\_\_\_\_

Where have you lived before Chico? \_\_\_\_\_

What do you feel have been your main barriers to getting or keeping housing?\_\_\_\_\_

Monthly income? \_\_\_\_\_ Source? \_\_\_\_\_

Do you have a disability or special needs? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
Describe any special accommodations needed: \_\_\_\_\_

Do you have any mental health diagnosis or mental health issues? \_\_\_\_\_ Please list: \_\_\_\_\_  
\_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

Are you attending school? \_\_\_\_\_ If yes, name of school: \_\_\_\_\_

History drug abuse? \_\_\_\_\_ Current: \_\_\_\_\_ Type(s): \_\_\_\_\_

Recovery date: \_\_\_\_\_ Alcohol use (circle one): never - occasionally - daily - binge drinker

Quit drinking? (when): \_\_\_\_\_ Would like to quit \_\_\_\_\_

Do you have relatives in the area who are supportive of you or help you? \_\_\_\_\_ Who?  
\_\_\_\_\_

References (name and phone number or other contact info of people who know you)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Anything else you would like to share about yourself: \_\_\_\_\_  
\_\_\_\_\_

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*CHAT does not discriminate based on race, color, religion, age, nationality, ethnicity, matrimonial status, disability, national origin, gender, or sexual orientation. Reasonable accommodations will be made for persons with disabilities. Se habla espanol.*

**FOR CHAT USE**

Referred by: \_\_\_\_\_ To be interviewed? \_\_\_\_\_ Coordinated Entry? \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Decision: \_\_\_\_\_