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FARTHER Outreach Program
(561) 600-8925

PRE-HOUSING APPLICATION

Date: _____

Name: _____ ()
 First Name Last Name Date of Birth Phone No.

Last Home Address: _____
 Address City State Zip Code

E-mail Address: _____

What is the best way to contact you? Phone Mail Emergency Contact E-mail

Emergency Contact (family member only/must have telephone #): _____ ()
 Contact Name Relationship Contact Phone No.

Contact Home Address: _____
 Address City State Zip Code

Can we contact your emergency person? Yes No If no, please explain. _____

My last employer was: _____ ()
 Employer Name Your Occupation Phone No.

If unemployed, what was your position at your last job? _____ How long? _____

INCOME TYPE: Employment / Unemployment / Worker's Compensation (CIRCLE ONE) \$ _____

BENEFITS RECEIVED: SSI / SSD / Survivors Benefits \$ _____ Child Support \$ _____ Alimony \$ _____
 Food Stamps \$ _____ DCF Cash \$ _____ WIC \$ _____ Other \$ _____
 Medicaid Medicare None Other _____

TOTAL MONTHLY INCOME: \$ _____

Family Members	Relationship	DOB	Gender	School Attending / Hours	Employed?
	SELF				<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

LEGAL STATUS: NO RECORD Conditional Release Felony Misdemeanor Parole Probation SOR

Charge(s) and Date(s)	Time Served	Facility and State

Do you need community service hours? Yes No. If yes, please provide documentation.

Referred by: _____

Office Use Only			
Applicant No.	<input type="checkbox"/> Approved Date	<input type="checkbox"/> Waiting List Date	<input type="checkbox"/> Denied – Reason