



Jefferson Place Housing Application

Name (First and Last): _____

Date of Birth: _____ Social Security #: _____

Address: _____

Phone Number: _____ Email: _____

Have you resided at Jefferson Place before? Yes / No

Do you need the features of a handicap accessible unit? Yes / No

If yes, do you require a wheelchair accessible unit? Yes / No

Are you required to register as a sex offender? Yes / No

Are you a veteran? Yes / No

Please answer YES or NO to the following questions. A YES answer to any of the following questions will not necessarily result in your being denied housing at Jefferson Place. However, if you answer YES to any of the questions below and you are accepted for occupancy, you will have to remain drug and alcohol free.

Have you in the past three years:

- Been arrested for substance abuse and/or possession of drugs? Yes / No
- Received treatment either inpatient or outpatients for drugs and/or alcohol abuse? Yes / No
 - If yes, are you still in program? Yes / No
- Do you have an arrest record or conviction? Yes / No

Do you have a permanent place to live? Yes / No

Do you currently have a temporary place to live? Yes / No

- If you are in temporary housing, please provide the address: _____ Relationship: _____

Do you have a mental health diagnosis? Yes / No

Are you currently in a mental health program? Yes / No

- If yes, what is the name of the program? _____

List all sources and amount of your income (per month):

Social Security: \$ _____ Earned Income: \$ _____

Pension: \$ _____ Other: _____

Name of employer: _____

Address: _____

Hours worked per week: _____ Hourly rate: \$ _____

Name: _____ Relationship: _____

Phone: _____ Address: _____

I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I authorize Jefferson Place to verify all information provided on this application and to contact my landlord or other sources for credit and verification information which may be released to appropriate federal, state and local agencies. False statements on your application will result in denial of occupancy.



Signature of Applicant: _____ Date: _____

If you would like to add additional comments:

[illegible]

Mail: 141 High St, Phoenixville, PA 19460

Email: Inquiries@chcliving.org

2025