



620 18<sup>th</sup> Avenue East, Seattle, WA 98112-3949  
Phone 206.324.1244  
Fax 206.329.3320



## APPLICATION PROCESS

### ELIGIBILITY REQUIREMENTS

- Adult Woman
  - Low income and able or potential to pay rent
  - Commitment toward working on personal goals, including independent housing
  - 3 professional references
  - 6 months continuous sobriety for those with a history of addiction, and commitment to remain clean and sober while in the program
- Jubilee prohibits use of alcohol/drugs on or off site while in the program
- Participation in shared community responsibilities, including household chores
  - No history showing inability to live cooperatively in a community setting
  - Criminal history may affect eligibility

***The mission of Jubilee Women's Center is to support women experiencing poverty to build stable and fulfilling futures, one extraordinary woman at a time.***

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**620 - 18<sup>th</sup> Avenue East, Seattle, WA 98112**  
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Thank you for your interest in Jubilee Women's Center. The purpose of this sheet is to explain the steps for applying to our program. If you have any questions, please give us a call and we will help you through this process. Please read and follow all of the instructions.

#### Step 1

- Fill out the attached **Application** completely.
- Identify **Three (3) Professional References** who have known you at least 6 months (when possible)
  - Examples of references: Previous landlord/shelter provider (**required**), Employer (past or present), Case Manager, Therapist or Counselor.
- **Give each reference a copy** of the reference form. They fill it out and they fax or mail it back to Jubilee as soon as possible. We cannot process your application until all 3 references are received.

#### Step 2

- **Return application** either by fax, mail or in-person.
  - Fax 206.329.3320
  - Address Jubilee Women's Center  
620 - 18<sup>th</sup> Avenue East  
Seattle, WA 98112

#### Step 3

- **Initial eligibility is determined.** You will receive a letter informing you that you are either on the wait list or ineligible. All approved applications are put on the wait list in the order received. Being put on the wait list does not mean you have been accepted into the Jubilee program.

#### Step 4

- When your name reaches the top of the wait list, you will be **called for an interview**. Final determination of your acceptance into Jubilee's program will follow your interview.

#### Step 5

- **Come to your interview appointment** at Jubilee Women's Center. Please **bring your most recent income verification** form with you to your appointment. Examples of income verification: Copies of award letters from DSHS, SSDI, etc.

*Equal opportunity is available for all low-income adult women, without respect to race, color, creed, religion, national origin, citizenship, disability veteran status, sexual orientation or any other bias protected by federal, state or local law.*



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## APPLICATION

All information on this application is confidential. All applications are reviewed in the order received. **Equal opportunity is available for all low-income adult women, without respect to race, color, creed, religion, national origin, citizenship, disability veteran status, sexual orientation or any other bias protected by federal, state or local law.**

## GENERAL

Today's Date \_\_\_\_\_

Full Name \_\_\_\_\_

Social Security # \_\_\_\_\_ **REQUIRED**

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ **REQUIRED**

Current Address \_\_\_\_\_

Phone or Message Number #1 \_\_\_\_\_ #2 \_\_\_\_\_

Can we leave a message regarding your application at these phone numbers?  Yes  No

Email Address (if available) \_\_\_\_\_

### Emergency Contact

\_\_\_\_\_  
*Name Relationship Phone*

\_\_\_\_\_  
*Address*

1. How did you learn about Jubilee Women's Center?

\_\_\_\_\_

2. Have you completed an alcohol/drug treatment program?

Yes  No

Date completed \_\_\_\_\_

a. Clean and sober since \_\_\_\_\_

b. Have you had any relapses?

Yes  No

If yes, why? \_\_\_\_\_

c. Describe any current activities or groups you engage in to support your sobriety.



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## INCOME

### 3. Which of the following most accurately describes your employment status?

- |   |   |
|---|---|
| <input type="checkbox"/> A) Unemployed, not searching | <input type="checkbox"/> G) Employed part-time (total of all jobs is less than 30 hours per week)             |
| <input type="checkbox"/> B) Unemployed and searching  | <input type="checkbox"/> H) Employed full-time no benefits (total of all jobs is 30 hours or more per week)   |
| <input type="checkbox"/> C) Student Part-Time         | <input type="checkbox"/> I) Employed full-time with benefits (total of all jobs is 30 hours or more per week) |
| <input type="checkbox"/> D) Student Full-Time         | <input type="checkbox"/> J) Self-employed   |
| <input type="checkbox"/> E) Volunteer                 |   |
| <input type="checkbox"/> F) Intern                    |   |

### 4. Please list current employer (if any) and previous employer

Current Company	Job Title	Date Started

  

Previous Company	Job Title	Dates Started and Ended

### 5. Income source (check one)

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> A) SSI  | <input type="checkbox"/> D) Unemployment | <input type="checkbox"/> G) Other _____ |
| <input type="checkbox"/> B) SSDI | <input type="checkbox"/> E) Employment   | _____                                   |
| <input type="checkbox"/> C) TANF | <input type="checkbox"/> F) ABD          | _____                                   |

6. What is your current monthly income? \$ \_\_\_\_\_

7. If income is ending soon, when is it ending? (month/year) \_\_\_\_\_

8. Would you have any difficulty in paying your rent on or before the 1<sup>st</sup> day of each month?

- Yes     No

If yes, why?



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## HOUSING

### 9. Current Housing Situation

A) Apartment  B) Shelter  C) Transitional  D) Other

City \_\_\_\_\_

State \_\_\_\_\_

Length of time there \_\_\_\_\_ months

Rent \$ \_\_\_\_\_ per month

### 10. Prior Housing Situation

A) Apartment  B) Shelter  C) Transitional  D) Other

City \_\_\_\_\_

State \_\_\_\_\_

Length of time there \_\_\_\_\_ months

Rent \$ \_\_\_\_\_ per month

### 11. Prior Housing Situation

A) Apartment  B) Shelter  C) Transitional  D) Other

City \_\_\_\_\_

State \_\_\_\_\_

Length of time there \_\_\_\_\_ months

Rent \$ \_\_\_\_\_ per month

### 12. Have you ever been evicted?

Yes  No

If yes, why? \_\_\_\_\_

### 13. What are your goals for independent housing?

### 14. What circumstances or issues led to your homelessness?



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## PROGRAM REQUIREMENTS

Jubilee’s commitment is to support you in creating a strong, stable, fulfilling future. During your stay at Jubilee, we will provide you with classes, resources, and coaching to assist you in reaching your goals.

## UPON ENTERING THE PROGRAM YOU AGREE TO THE FOLLOWING REQUIREMENTS

1. Meet weekly and work cooperatively with your Care Manager on your goals.
2. Be willing to examine areas of growth potential to assist you in achieving your goals. This includes listening and considering feedback with an open mind.
3. Participate in classes, workshops, and support groups that will help you achieve your stated goals, including “Living in Community,” a required 6-week course for all residents.
4. Actively participate in creating a cohesive community. You commit to working through issues with other residents with respect and the intention to maintain a healthy community.
5. Attend weekly house meetings.
6. Work, go to school, or volunteer in the community at least 20 hours per week.
7. Complete a house chore and rotating kitchen duty.
8. Respect yourself, other residents and staff.
9. Not consume alcohol or any non-prescribed drugs, either on or off-site, during your stay at Jubilee.
10. Not participate in violence or criminal activity during your stay at Jubilee.
11. Pay your rent in full on the 1<sup>st</sup> day of each month.
12. Complete a survey upon entry, during residency, upon exit and up to 2 years after exit.

**WILL YOU AGREE TO MEET ALL OF THESE PRE-ENTRY REQUIREMENTS?**  YES  NO

**I affirm that all the information I have given is true and correct. I will be immediately denied residency or, if accepted, will be given immediate notice to leave Jubilee if any statement of fact is not true and correct.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**If you meet the pre-entry requirements of Jubilee Women’s Center, based on your application and references, your name will be placed on our waitlist. This does not mean that you have been approved for housing at Jubilee. When your name reaches the top of the waitlist, we will contact you for an interview with the program staff. A final determination regarding eligibility will follow the interview.**

**If you are not placed on the waitlist, we will mail you notification, stating the reason for your ineligibility.**



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## REFERENCES AND RELEASE OF INFORMATION

In order to process your application, Jubilee Women's Center requires three (3) professional references from people who have known you for at least 6 months (when possible.) Reference from previous or present landlord/shelter provider is **required**. Other references can include Employer (past or present), Case Manager, Therapist or Counselor.

In addition to listing your references here, please give them the attached reference form that they can mail or fax back to Jubilee Women's Center.

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*Name* *Relationship* *How long known* *Phone*

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*Name* *Relationship* *How long known* *Phone*

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*Name* *Relationship* *How long known* *Phone*

**I authorize the people listed above to release information to Jubilee Women's Center. I consent to have a criminal background check performed. I understand that this release will expire 90 days after the date signed and that I have the right to revoke this authorization at any time.**

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*Signature*

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*Date*

---

*Printed Name*



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## REFERENCE FORM

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Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Position \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Phone \_\_\_\_\_

1. How long have you known applicant? \_\_\_\_\_

2. How long has she been homeless? \_\_\_\_\_

3. How long has the applicant been involved with your agency? \_\_\_\_\_

4. Please describe the services you provide for the applicant.  
\_\_\_\_\_  
\_\_\_\_\_

5. What are the applicant's strengths?  
\_\_\_\_\_  
\_\_\_\_\_

6. What are the applicant's challenges?  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any concerns about the applicant's ability to live cooperatively in a community setting with up to 27 women?  
\_\_\_\_\_  
\_\_\_\_\_



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**8. Describe your impression of the applicant's intention to move toward employment/ education/financial stability?**

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**9. How well does the applicant deal with stress and annoyances? Have you ever seen her respond to stress or annoyance with violence or aggression?**

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**10. In your opinion, is the applicant able to observe and respect the boundaries of others?**

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**11. Are you aware of any abuse of drugs or alcohol past or present?**  Yes  No

If yes, please describe specifically \_\_\_\_\_

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**12. Given that Jubilee is staffed Monday – Friday 9am-7pm, do you have any concerns that this applicant can live at Jubilee?**

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**13. Are there any additional issues/concerns the Jubilee staff should be made aware of?**

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**14. Please evaluate the applicant to the best of your knowledge on the following topics:**

**DAILY COMMUNICATION HABITS** *(circle appropriate description)*

Able to communicate needs	Good	Fair	Poor
Able to work in a small group setting	Good	Fair	Poor
Able to work in a large group setting	Good	Fair	Poor
Cooperative with staff/others	Good	Fair	Poor
Able to accept feedback and coaching	Good	Fair	Poor
Argumentative/verbally abusive with staff/others	Frequently	Occasionally	Not at all
Withdrawn and/or isolated from staff/others	Frequently	Occasionally	Not at all





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**OBSERVATION OF DRINKING/DRUG ABUSE HABITS** *(circle appropriate description)*

Consumes alcohol	Yes	No	Frequency?
Abuses non-prescription drugs	Yes	No	Frequency?
Abuses prescription drugs	Yes	No	Frequency?

**OTHER BEHAVIORS** *(circle appropriate description)*

Used or threatened to use a weapon on staff/others	Frequently	Occasionally	Not at all
Intentionally stolen or damaged another's property	Frequently	Occasionally	Not at all
Dangerous to self/others	Frequently	Occasionally	Not at all
Has started fires	Frequently	Occasionally	Not at all
Self-destructive behaviors	Frequently	Occasionally	Not at all

Additional Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Do you recommend this applicant for residency at Jubilee Women's Center?  Yes  No

I certify that the above information given is true to the best of my knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

**DO NOT RETURN THIS FORM TO THE APPLICANT!**

**PLEASE FAX OR MAIL DIRECTLY TO**

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