SUPPORTED LIVING APPLICATION

PERSONAL

First	Middle	Last	
Social security #	Date of birth	Convicted of a felony in the past 7 years?	☐ Yes ☐ No

GUARDIANSHIP

Does the applicant have a guardian of estate? ☐ *Yes* ☐ *No* If yes, fill in the blanks below.

Name	Relationship (e.g. "Attorney" or "Father")	Phone #
Address	City, State	Zip

Does the applicant have a guardian of person? ☐ *Yes* ☐ *No* If yes, fill in the blanks below.

Name	Relationship (e.g. "APSI" or "Father")	Phone #
Address	City, State	Zip

SERVICE & SUPPORT ADMINISTRATOR

Name	County	Phone #

SERVICE PROVIDER

Agency	Contact person	Phone #

REPRESENTATIVE PAYEE

Does the applicant have an appointed representative payee? ☐ *Yes* ☐ *No* If yes, fill in the blanks below.

Agency	Contact person	Phone #

INCOME

Please check all that apply and fill in corresponding blanks with gross monthly income.

☐ *SSI*	$_____	☐ *SSA*	$_____	☐ *VA*	$_____
☐ *Earned income*	$_____	☐ *Food stamps*	$_____	☐ *Private funds*	$_____
☐ *Section 8*	$_____	☐ *Trust*	$_____	☐ *Investments*	$_____
☐ *Family*	$_____	☐ *Cost to live*	$_____	☐ *Other*	$_____

SIGNATURE

The signature below affirms all information on this application to be true, accurate, and complete. Applicant grants permission to obtain information from any credit reporting agency, law enforcement agency, and sources listed on this application. Applicant may sign below only if he or she has been deemed legally competent.

Signature		Date
	☐ *Applicant*	
	☐ *Guardian of estate*	
	☐ *Guardian of person**	
	☐ *Representative payee**	
	☐ *Service provider**	

*Signing as the guardian of person, representative payee, or service provider acts solely on behalf of the applicant and bears no personal, financial, or legal responsibility.