

SAFE PARKING NETWORK

Resident Application

Location:
Site #

Do you need an interpreter? YES NO

If yes, what language? _____

Name of primary applicant: _____

Primary Phone # _____ Alternate Phone # _____

Additional vehicle occupants & relationship to primary applicant	Birthdate	Gender	Race/Ethnicity	Contact Info (if different than primary applicant)	Enrolled in Coordinated Entry (Y/N)	Are you in Danger (Y/N)	Time living in vehicle

Primary reason you are experiencing homelessness? _____

Emergency Contact: _____ Medical Issues? _____

What city did you sleep in last night? _____

Employment status: Employed. List employer here: _____

Not currently employed.

I would like assistance in seeking employment

Vehicle Information

Is vehicle licensed? YES NO Are you the registered owner of this vehicle? YES NO

Vehicle Make _____ Model _____

License Plate# _____ Driver's License # _____

Please list any mechanical issues with your vehicle: _____

MY signature below, acknowledges that I have read and understand the attached Safe Parking Network Agreement and that all occupants of this vehicle will abide by the SPN agreement. I also certify I have answered the above questions correctly and honestly.

Resident Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

WE ARE EXCITED TO SEE YOU SUCCEED!!!