**Wings Refuge**

**Transitional Housing**

**Program Application**

Thank you for your interest in Wings Refuge Transitional Housing. Before you complete the application, please read the following information carefully. Wings Refuge Transitional Housing is a 12-month faith base transitional housing program designed to provide families with rent-free, utility-free temporary shelter and supportive services. During those 12 months, each family works hard to pay off debt, save money, learn valuable life skills and grow spiritually in their walk with Christ. Volunteers partner will work with each family to set goals and gain the resources necessary to move into a home of their own at the end of the twelve-month program.

The Basics:

* Wings Refuge provides each family with a bedroom, fully furnished home complete with washer and dryer, and all household essentials for each family to be able to cook each meal if they desire.
* Each adult in the family must have a job or be actively seeking employment.
* Families are required to attend weekly church services, bi- weekly meetings including, but not limited to, family advocacy, budget counseling, life skills, and community living.
* The program is based upon high accountability. Families are required to live on a budget that allows for basic needs but no wants.

To Apply:

* Submit a written application. Please complete the entire application to the best of your knowledge. **Remove this page and return the rest of the information.** It can be mailed to Wings Refuge (PO Box 184, El Dorado Springs, MO 64744). If you have questions about the application, please contact 417.876.0033 or Angie Batson at 417.876.7196.
* It is then your responsibility to contact Wings Refuge to express your continued interest in the program. To do so, please email wingsrefuge@gmail.com or text/call @ 417.876.7196.
* Once a program unit is available, applicants who have continued to show interest will be contacted for an interview. This does not guarantee that you will be chosen for the program. We interview several applicants for each unit and choose the best candidate for our program.
* We know that each family has a unique story and set of needs. During the interview, we address these and take an in-depth look at things like finances, concerns, and goals, so it is helpful to have information about debts and all sources of income. We will also give you all the program expectations so you will be ready to make the best decision for your family.
* We ask each family to think about whether our program is right for their family. A decision will be made by both the family and staff as soon as possible following the interview to determine whether the program is a good fit for the applicant.

Wings Refuges believes in your ability to create a better life for yourself. We strive to help individuals and families in to build strong foundations for generations to come. It is our goal to extend hope and to walk beside you as you grow spiritually and in every area of your life.

### APPLICANT PERSONAL HISTORY (1 of 3)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married\_\_\_\_ Single\_\_\_\_ Divorced\_\_\_\_ Separated\_\_\_\_ Widowed\_\_\_\_ Previous marriages? Yes\_\_\_\_ No\_\_\_\_

Race (circle): Caucasian African-American Native American Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education** level (circle): Grades 1-6 7 8 9 10 11 12 some college college degree

## Circle school grade avg: A B C D F Name of School Year Graduated

High School/GED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran? Yes\_\_\_\_ No\_\_\_\_ Disabled? Yes\_\_\_\_ No\_\_\_\_

**Job History Information** (Last 5 Years):

## Year Company Name Pay Rate Duties Reason for Leaving

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Family**

Parents’ or Siblings’ Names Relationship (to you) Address (city, state) Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 If yes, when\_\_\_\_\_\_\_\_\_ Name of abused substance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been a battered person? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested? (DWI, bad checks, assault, etc.) Yes\_\_\_\_\_ No\_\_\_\_\_

 If yes, for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you receive a fine/sentence? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you served any time in jail? Yes\_\_\_\_\_ No\_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any pending tickets? (speeding, parking, etc.) Yes\_\_\_\_\_ No\_\_\_\_\_

 If yes, for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When is your court date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on parole or probation now? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parole/Probation officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Is there a warrant/s out for your arrest at present? Yes\_\_\_\_\_ No\_\_\_\_\_

 Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT PERSONAL HISTORY** (2 of 3)

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are you living right now? (circle one)

House/Apt. Friends Relatives Shelter Hotel Street Car Other:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## How long have you been staying there? \_\_\_\_\_\_\_\_\_\_\_\_ Ever Applied \_\_\_ OR Lived \_\_\_ at Second Story before?

## Have you been asked to leave your current living situation? \_\_\_\_\_\_ Referred to Second Story by: \_\_\_\_\_\_\_\_\_\_\_

**INCLUDING YOURSELF, list all who would be in the Transitional Housing Program:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Gender** | **Date of Birth** |  **Soc. Sec. #** | **Grade** | **School** | **Type of****Custody** |
|   |  |  |  |  |  |  |  |
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## Anyone pregnant (who)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bills and Debts:** (complete the attached list and add any items not listed)

 Item Amt Due Mo. Pymnt Past Due? Item Amt Due Mo.Pymnt Past Due?

Past Rent \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Yes / No Pawn Shop \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes / No

Electric \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Yes / No Payday Loans \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes / No

Gas \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Yes / No Tickets/Fines \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes / No

Cable \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Yes / No Bankruptcy \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes / No

Internet \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Yes / No Credit Cards \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes / No

Water \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Yes / No Storage \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes / No

Student Loan \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Yes / No Childcare \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes / No

Medical \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Yes / No Auto Payment \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes / No

Clubs/Memberships\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Yes / No Auto Insurance \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes / No

Child Support \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Yes / No Title Loans \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes / No

Repossessions \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Yes / No Phone (cell/other) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes / No

Bad Checks\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Yes / No State/Federal Taxes \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Yes / No

Property Taxes \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Yes / No Bank Debt\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Yes / No

Other\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Yes / No Other\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Yes / No

Other\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Yes / No Other\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Yes / No

**APPLICANT PERSONAL HISTORY** (3 of 3)

**INCOME currently received from all sources: Job, Food Stamps, TANF, SSI, etc.:**

**If child support is owed to you, please list monthly/total amount owed.**

Source Monthly Amount

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please briefly explain the reasons for your current situation:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## **Do you or any family members receive any medical or counseling services?**

## Name Problem/Diagnosis Medication(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Drivers License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Do you have a car? Yes\_\_\_ No\_\_\_ Year\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance: Yes\_\_\_ No\_\_\_

 Tag #\_\_\_\_\_\_\_\_\_ Current: Yes\_\_\_ No\_\_\_ State:\_\_\_\_\_ Current Inspection? Yes\_\_\_ No\_\_\_

Is your vehicle reliable? Yes\_\_\_ No\_\_\_ If no, what needs to be fixed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone # Relationship

**References:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Contact:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### CO-APPLICANT PERSONAL HISTORY

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married\_\_\_\_ Single\_\_\_\_ Divorced\_\_\_\_ Separated\_\_\_\_ Widowed\_\_\_\_ Previous marriages? Yes\_\_\_\_ No\_\_\_\_

Race (circle): Caucasian African-American Native American Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education** level (circle): Grades 1-6 7 8 9 10 11 12 some college college degree

## Circle school grade avg: A B C D F Name of School Year Graduated

High School/GED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran? Yes\_\_\_\_ No\_\_\_\_ Disabled? Yes\_\_\_\_ No\_\_\_\_

**Job History Information** (Last 5 Years):

## Year Company Name Pay Rate Duties Reason for Leaving

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Family**

Parents’ or Siblings’ Names Relationship (to you) Address (city, state) Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 If yes, when\_\_\_\_\_\_\_\_\_ Name of abused substance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been a battered person? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested? (DWI, bad checks, assault, etc.) Yes\_\_\_\_\_ No\_\_\_\_\_

 If yes, for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you receive a fine/sentence? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you served any time in jail? Yes\_\_\_\_\_ No\_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any pending tickets? (speeding, parking, etc.) Yes\_\_\_\_\_ No\_\_\_\_\_

 If yes, for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When is your court date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on parole or probation now? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parole/Probation officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Is there a warrant/s out for your arrest at present? Yes\_\_\_\_\_ No\_\_\_\_\_

 Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wings Refuge Transitional Housing

# Program Rules

The following rules of conduct shall be in effect while clients participate in the Wings Refuge program. Violation of any rule will, at the sole discretion of the program committee, be cause for immediate dismissal from the program, causing forfeiture of shelter space & supportive services.

1. No illegal activity of any kind will be permitted.
2. Use or possession of alcohol, firearms or illegal drugs is prohibited.
3. Curfew is 10:00 pm. This is flexible only for work schedules. Quiet hours are 10:00 pm through 7:00 am.
4. Children must be enrolled in school and must attend every day. Children 12 and under must be supervised by a parent, guardian, or responsible adult while at the Wings Refuge property.
5. No fighting of any kind will be tolerated.
6. No pets of any kind will be allowed.
7. Smoking/vaping is **NOT** permitted inside or outside the Wings Refuge property.
8. Families must keep living quarters & outdoor common areas clean and neat including lawn care.
9. All adults in the Wings Refuge program are expected to work full-time.
10. All adults must attend scheduled meetings & appointments.
11. All families not attending church regularly will not be allowed to stay in the Wings Refuge program.
12. All adults will maintain their living area and work together to maintain the home at all times.

I have read and understand that if I violate any one of these rules, I may be dismissed from the Wings Refuge program. I agree to hold Wings Refuge Transitional Housing and/or any other parties associated with this program in any way whatsoever, singly, or collectively, from any blame or liability for injury, misadventure, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in this program or in activities associated therewith. I give permission for information to be released about me and my children, by or to any doctor, social worker, counselor, employer, landlord, shelter, agency, or any other person deemed necessary by Wings Refuge Transitional Housing. I agree that my acceptance into the Wings Refuge program is not a rental agreement, and that this is not a landlord/tenant agreement, but an application for temporary homeless shelter & supportive services provided by the Wings Refuge program. Please include everyone who plans to live at Wings Refuge (even minors).

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Printed Name Signature Date

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Printed Name Signature Date

***For Office Use ONLY***

Application Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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