



[www.surayyaannefoundation.org](http://www.surayyaannefoundation.org)

P.O. Box 33202

Tulsa, Ok 74153

(918)282-2362

## Resident Application

Full Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ Gender \_\_\_\_\_

D.L. State: \_\_\_\_\_ Number \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Name of children and ages

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Are the children living with you? Yes or No

Are you currently employed? Yes or No

If Yes, Where are you employed and for how long? \_\_\_\_\_

If No, When were you last employed and where? \_\_\_\_\_

List **all** forms of current income, including spouse income, SSI, child support (failure to do so will disqualify your application) :

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

What is your total monthly income: \_\_\_\_\_?

What are your total month expenses \_\_\_\_\_? (rent, food, phone, car, insurance, electric, debts, child support etc.)

Do you receive SNAP benefits? Yes or No

Are you eligible for public housing or voucher system? Yes or No

Are you on disability? Yes or No

Are you or your children enrolled in Sooner Care? \_\_\_\_\_

Important: for your application to be accepted you must include copy of ID as well as proof of any and all income and copies of monthly bills. We must be able to verify income and expenses. You must also submit a copy of the bill you are asking assistance with.



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Do you have a car? Yes or No

Have you received financial assistance from the Surayya Anne Foundation within the past year? \_\_\_\_\_

Do you have a felony or misdemeanor? Yes or No  
If yes, please describe charges.

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Have you been evicted or defaulted on a lease? \_\_\_\_\_

Have utilities been cut-off in your name? \_\_\_\_\_

Have you contacted other agencies? \_\_\_\_\_

Are you in need of food assistance? \_\_\_\_\_

How did you hear about the Surayya Anne Foundation? \_\_\_\_\_

Please describe how the Surayya Anne Foundation can help you in 2 – 5 sentences.

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Medical History:

How is your health at this time? \_\_\_\_\_

Please list any medical conditions \_\_\_\_\_

Please list all psychiatric/psychological diagnosis \_\_\_\_\_

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Are you currently taking any medications prescribed/nonprescription? \_\_\_\_\_

If yes, please list below.

Name of Medication	Dosage/How Often Taken	Reason for this medication?

Have you been hospitalized for treatment for medical, psychiatric or emotional issues before?

YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, please explain why, when, where and diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Addiction History:**

Please list all addictions for which you have been treated as well as when and where you were treated:  
\_\_\_\_\_

Do you feel that you currently have a drug/alcohol problem? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_

What kind of drugs have you used and how long did you use them? \_\_\_\_\_

If in recovery, what is your clean/sober date? \_\_\_\_\_

Have you experienced domestic violence? \_\_\_\_\_

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Are you currently in an environment with domestic violence? \_\_\_\_\_

**Emergency Contacts:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact's relationship with applicant \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact's relationship with applicant \_\_\_\_\_

I, \_\_\_\_\_, certify that the above information is true and correct to the best of my knowledge. My signature authorizes the staff at the Surayya Anne Foundation to verify all information listed on this application including employers, other agencies, and other information provided unless otherwise noted. I agree to abide by the rules and policies that govern the Foundation Program and/or the Foundation Home. I understand that failure to do so may result in my immediate dismissal from the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, authorize the Executive Director of the Surayya Anne Foundation or their designee to verify information on the application and to contact other social service agencies to render assistance and verify eligibility for service. Social Security Numbers may be used for the purpose of identification.

I understand and accept that references and other information will be verified prior to our being contacted for an interview to determine our eligibility to be admitted in the Surayya Anne Foundation.

I also understand that the Surayya Anne Foundation is a temporary transitional program with limited space and there may be a waiting list. Completing an application does not guarantee housing at the Surayya Anne Foundation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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# Release of Information

I, \_\_\_\_\_, give permission to the Surayya Anne Foundation to receive  
from \_\_\_\_\_

Records pertaining to \_\_\_\_\_.

These will be kept in my confidential personal file.

All records should be sent to : Case Manager of Surayya Anne Foundation  
P.O. Box 33202  
Tulsa, Ok 74153

Or email to

Thank you for your prompt response to this request.

Sincerely,

\_\_\_\_\_  
Applicant's signature

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# Foundation Requirements

Please read the following requirements carefully. You must be able to agree fully with all of these requirements in order to be a guest with us. If you cannot agree with any of these requirements then our program is not designed for you. The requirements of the foundation are not limited to this list and will be fully covered during orientation.

- I understand that I must meet with my case manager weekly.
- I understand apartment inspections will be done regularly by the case manager, an intern, or a volunteer; I may or may not be present at the time
- I understand that I will be immediately terminated if drugs, alcohol, smoking (including e-cigarettes) or unauthorized visitors or pets are found in my apartment.
- I understand that the Surayya Anne Foundation can ask me to participate in a random drug test at any time. I further understand that a positive test result can result in immediate eviction. Additionally, failure to comply with the drug test can also result in eviction.
- I understand that I must volunteer at the community food bank at 4630 S. Irvington once a month
- I understand that class attendance is mandatory for all residents.
- I understand all residents are required to contribute to the cleanliness of the office for one hour each week.
- I understand I am expected to stay in my apartment every night. Any passes should be requested in writing to the case manager, however can be denied at the discretion of the case management team.
- I understand I must maintain a budget, a financial plan, and show financial records to my case manager.
- I understand that if I am not currently employed, receive SSI or if I lose my job I will be required to show my case manager that I am actively looking for another job. I further understand that I will have other requirements set by the case manager.
- I understand that my case manager may require me to attend counseling, AA, NA, or other programs as part of my case management plan and will require proof of attendance.

I, \_\_\_\_\_ have read these requirements and am willing to submit to the rules that govern my stay with the foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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