



MATS
PO BOX 3053
PETERBOROUGH, NH 03458
www.MATSNH.org

APPLICATION

Date: _____

Name: _____

DOB: _____

Maiden or other names used: _____

Mailing Address: _____

Phone: _____

E mail address: _____

Marital Status: Single Married Separated Divorced
Are there any current or previous restraining orders or safety concerns? Yes No

If yes please explain: _____

Have you ever applied or been a guest at MATS before? Yes No When _____

Have you stayed at other shelters? Yes No Where _____ When _____

Have you applied for assistance through the town welfare? Yes No When _____

If yes, are they currently or willing to assist you? Yes No

Do you have a bank account? Yes No Type: Checking Savings Both

Name of bank? _____ Current balance \$ _____

If no, do you have past due, overdrawn bank accounts? Amount owed? _____

Children, family, others who are requesting shelter at MATS:

(Please include children who you have visitation with)

Name	DOB & Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have physical custody through the courts for the children listed above? Yes No

School or day care attending: _____

Is anyone in your household currently pregnant? Yes No

Do you or family members smoke? Yes No Drink alcohol? Yes No

Transportation:

Do you have a valid driver's license? Yes No License # _____

If no license status: _____

Do you have a vehicle: Yes_No Make/model: _____

Registered: Yes No Inspected: Yes No License plate no: _____

Is your vehicle in need of repairs? _____

If no how do you get around? _____

Housing History: Please list housing for past 5 years (Continue on back if needed)

Please tell us what your current living / housing situation is and why you need to move:

Current: _____

Date	Address	Reason For Moving	Rent \$	Contact name & no.

Do you have storage for your belongings? Yes No

Employment: Last five (5) years of employment: (needed on all adults in household) You may attach a copy of your resume or continue on back if needed.

Current or last employer & address: _____

Dates employed: From: _____ to: _____ rate \$ _____ How often paid: _____

Supervisor: _____ Phone: _____

Reason for leaving: _____

May we contact to verify employment: Yes No

Previous employment & address: _____

Dates employed: From: _____ to: _____ rate: \$ _____ How often paid: _____

Supervisor: _____ Phone: _____

Reason for leaving: _____

Military Service: _____

Education:

Highest level completed: _____ Do you have a copy of your Diploma /GED?

Degrees or certifications: _____

Are you currently participating in any type of job placement or training program: Yes No

Legal:

Do you have a criminal record / history? Yes No

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

If Yes explain: _____

Do you have any current, pending or past legal matters? Yes No

Sexual Offenses _____ Parole/Probation _____ Child Support _____

Child Custody _____ Divorce _____ DCYF _____

Criminal Charges _____ Assault Charge _____ Other charges _____

Traffic tickets _____ DUI _____ Parking tickets _____

Please give date and explain: _____

Do you have or had any current, pending or past use of illegal substances? Yes No

If yes please explain: _____

Please add any additional information, comments, explanations on the back of form:

I certify that the information contained in the application are true and complete to the best of my knowledge and understand that if accepted as a guest of MATS, falsified statements on this application shall be grounds for removal.

I authorize investigation of all statements contained herein and the references, landlords and employers listed above to give you any and all information concerning my previous rentals, employment and any pertinent information they may have, personal or otherwise, and release MATS from all liability for any damages that may result from utilization of such information.

Signature _____ Date _____

Monadnock Area Transitional Shelter

In what areas do you feel you need assistance and/or are obstacles around your housing / employment needs?

- | | |
|--|--|
| <input type="checkbox"/> References for housing | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Money management /budgeting/credit report |
| <input type="checkbox"/> Applying for assistance | <input type="checkbox"/> Completing / filling out applications |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Time management |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Health care services |

Other information and or resources you and your family are in need of:

What are the barriers you face to obtaining and keeping stable housing and/or employment?
How can MATS be of assistance to you in removing these barriers?

Any additional information you would like MATS to consider or you would like to add to the application?

Medical Information:

Name: _____ Date of Birth: _____

Do you have medical insurance for yourself: Yes No Family members: Yes No

Name of physician (s) and phone number(s): _____

Current medical or physical conditions or food allergies for each family member:

Diabetes? Yes No Seizure Disorders? Yes No Heart Condition? Yes No

Who: _____

Names of Medications/frequency that you or other family members are currently taking:

Have you been diagnosed with any physical or mental disability? If yes, what?

In case of medical emergency you give Monadnock Area Transitional Shelter permission to contact the person listed below.

Medical Emergency Contact Name:

Telephone: _____ Relationship: _____

Signature _____ Date _____