



## APPLICATION: If Currently NOT Incarcerated

With the completion of this form, you are applying for acceptance into the National Incarceration Association's (NIA) Whole-Way Housing (WWH) program. The NIA is an independent non-profit company with no affiliations with any corrections or law-enforcement agencies. This application will never be shared beyond the expressed purpose of NIA management's confidential review, and no answers or implied details of this application will ever be used against the applicant in any way.

WWH is a newly designed shared-living experience focused on dignity and secured comfort with personal development programs to support your stability and success. If you are just looking for a temporary place to live free for a few weeks until you can make other arrangements, do not apply for our housing program.

Submitting this application is your first demonstration of a commitment to fully participate in these programs that will be researched as critical to your success. We will quickly help you find work, and our tailored programs will help you advance in your capacity to earn higher wages.

This is a drug-free and alcohol-free housing program and you must be able to pass a drug test to be approved. If your application is approved, the NIA will confirm your legal address with any inquiring officials, as the address of one of our residential neighborhood properties.

This application can be completed by any relative or third-party surrogate, for any person who is unable to access or complete the form themselves for whatever reasons. This application can also be printed and shared with any party wishing to apply or help others apply. Please fill out this form completely, writing in the words "none" or "n/a" where appropriate. It will take a bit of time (you can pause and save at any point), but feel free to be open and candid with your truthful and best answer to each question. Your answers will be verified but kept confidential.

## Applicant's Personal and Family Information

Full Public Record Name: \_\_\_\_\_

Select prefix and/or write out your chosen pronoun: \_\_\_\_\_

- Mr.
- Ms.
- Mrs.

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

Race or Ethnicity:\_\_\_\_\_ Last 4 Digits of Social Security number:\_\_\_\_\_

What type of legal ID do you have, if any?\_\_\_\_\_

Are you able to obtain identification? Yes\_\_\_\_ No\_\_\_\_

If no, why not?

- Overdue fines?
- No birth certificate?
- No social security card?
- Other? \_\_\_\_\_

Are you listed as a sex offender? Yes\_\_\_\_ No\_\_\_\_

Have you been in prison or detained in a jail within the last 7 years? Yes\_\_\_\_ No\_\_\_\_

GDC# \_\_\_\_\_

Jail ID# \_\_\_\_\_

With whom do you currently reside? \_\_\_\_\_  
\_\_\_\_\_

What is that address? \_\_\_\_\_  
\_\_\_\_\_

How is this person related to you? \_\_\_\_\_

Why do you feel you need help with housing? \_\_\_\_\_  
\_\_\_\_\_

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At what address do you receive mail, if different from above? \_\_\_\_\_  
\_\_\_\_\_

A cell phone number where we can call or text you: \_\_\_\_\_

Can we leave a message? Yes \_\_\_\_ No \_\_\_\_

**If no**, please explain why not: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Can we leave a message? Yes \_\_\_\_ No \_\_\_\_

Email Address: \_\_\_\_\_

What family member(s) or personal supporter(s) are you in close contact with?

\_\_\_\_\_

What is your relationship with this/these person(s)? \_\_\_\_\_

\_\_\_\_\_

Who is your **Emergency Contact**, if different from above?

\_\_\_\_\_

\_\_\_\_\_

If not mentioned above, are either of your parents still in contact with you? \_\_\_\_\_

Any explanation? \_\_\_\_\_  
\_\_\_\_\_

Who of your siblings do you continue some contact with? \_\_\_\_\_

Any explanation? \_\_\_\_\_  
\_\_\_\_\_

In what area of what city do they live? \_\_\_\_\_  
\_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_ Primary Language: \_\_\_\_\_

In what other languages are you fluent, if any? \_\_\_\_\_

Highest Education Grade/Level Completed: \_\_\_\_\_ GED received? Yes \_\_\_\_ No \_\_\_\_

If no, are you willing to complete your GED? Yes \_\_\_\_ No \_\_\_\_

If, no, explain why not: \_\_\_\_\_  
\_\_\_\_\_

City and Name of Last School Attended: \_\_\_\_\_

Are you interested in continuing your education (Vocational School, Community College, 4-year College or University, Graduate School, etc.)?

Yes \_\_\_\_ No \_\_\_\_ Maybe \_\_\_\_ Eventually, but not now \_\_\_\_

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Military Service:

Yes \_\_\_\_ No \_\_\_\_ If yes, please check what applies:

- Active or Reserves
- Honorable Discharge
- Dishonorable Discharge
- Medical Discharge

Are you receiving any Veterans' benefits? Yes \_\_\_\_ No \_\_\_\_

If yes, for what reason? \_\_\_\_\_

If not, are you aware that there are benefits you can receive? Yes \_\_\_\_ No \_\_\_\_

Marital Status (please check one):

- Single
- Married
- Separated
- Divorced
- Widowed
- Unmarried with Significant Other

Number of children or dependents: \_\_\_\_\_

Number under 18 still in your legal care or custody: \_\_\_\_\_

With whom are any of these children currently living? (Explain each situation)

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If you are permitted visitation with any of these children, please indicate which ones and explain the terms as you understand them:

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**Health and Insurance Information**

Do you feel you have recently needed any treatment or medication for:

Substance Abuse or Addiction? Yes \_\_\_\_ No \_\_\_\_  
Mental Health and/or Trauma? Yes \_\_\_\_ No \_\_\_\_

For how long have you been sober with a clean drug screen? \_\_\_\_\_

If you have recently used or are currently using any prescribed medication, please list them all here: \_\_\_\_\_

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Are you willing to enter treatment if unable to pass a drug screen at any time?

Yes \_\_\_\_ No \_\_\_\_ Applicant must initial here: \_\_\_\_\_

If needed, will you commit to fully adhering to your treatment plan regarding any mental health issues?

Yes \_\_\_\_ No \_\_\_\_ Applicant must initial here: \_\_\_\_\_

Do you have health insurance? Yes \_\_\_\_ No \_\_\_\_

What provider or type of insurance? \_\_\_\_\_

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How do you pay for your health insurance? \_\_\_\_\_

Are you legally disabled? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_

Please check all that apply to your personal need or health-related income situation:

- No Health-related Income
- TANF
- SSD/SSI
- Social Security
- Pension
- General Assistance
- Unemployment Insurance
- Food Stamps/SNAP
- Other; Explain: \_\_\_\_\_

### Employment and Other Living Information

Where are you working, and what do you do there?

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When did you start this current job? \_\_\_\_\_

What job did you have previous to this one, and for how long? \_\_\_\_\_

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What is your take-home net pay after all of your payments of fines and fees are paid?

\$ \_\_\_\_\_

If you are behind in any such payments, what approximately is that arrears amount?

\$ \_\_\_\_\_

Do you pay/owe child support? Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly amount? \$ \_\_\_\_\_

Approximately, how far behind are you in Child Support payments?

\$ \_\_\_\_\_

If you are not working and earning a salary at this time, are you actively searching for and applying for work each day? Yes \_\_\_\_\_ No \_\_\_\_\_ Somewhat \_\_\_\_\_

If not yes, what are your challenges in actively seeking employment? \_\_\_\_\_

\_\_\_\_\_

What type of work are you looking for and why that type? \_\_\_\_\_

\_\_\_\_\_

Do you have your own vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in whose name is it registered? \_\_\_\_\_

What year and model? \_\_\_\_\_

With what company is it insured? \_\_\_\_\_

Are you behind with the payments or any traffic or parking tickets?



Yes \_\_\_\_\_ No \_\_\_\_\_

What do you feel are your strengths (5) and weaknesses (5)?

My Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your personality, character, and preferences, or anything else about yourself that might add strength to your application? \_\_\_\_\_

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

In addition to what you've already answered, is there one particular positive thing about

yourself that no one knows?

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Please provide the name and contact number of a personal reference, a family member, or someone close to you. We will contact that person in an effort to confirm your readiness to participate in this personal development and housing stabilization program.

Name and relationship: \_\_\_\_\_

City and state of their location: \_\_\_\_\_

Their cell phone number: \_\_\_\_\_

### **Confidentiality and Authorization**

I understand and accept that every effort will be made to maintain medical information confidentiality and other compliance about all aspects of my applying for and participating in NIA's Whole-Way Housing program and that none of this information will be shared beyond the administration of the NIA. This understood and accepted, I hereby authorize the NIA to research any information regarding my mental health, substance use history, supervision status, and my overall fitness to participate in the WWH program. If my application is approved, I understand that I will be asked to agree to a set of shared living standards before my acceptance process can be considered complete.

The completed application can be submitted electronically at this website,

emailed to: michelle.boatright@joinNIA.com

or postal mailed to: NIA, 900 Old Roswell Lakes Parkway Suite 100B, Roswell, GA 30076

\_\_\_\_\_  
Applicant's PRINTED Name

\_\_\_\_\_  
Signature of NIA's Representative  
**Approving this Application**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of NIA's Representative

\_\_\_\_\_  
Signature of Surrogate for Applicant

\_\_\_\_\_  
Date of this Approval