INTRODUCTION TO JUBILEE WOMEN’S CENTER

Who is Eligible?
- Adult female identifying individual
- Income below $1,754 a month
- Recent employment history or potential for employability

Resident Responsibilities
- Help with household chores
- Attendance at weekly house meetings
- Respect others and work through conflicts as they arise
- Sober living, randomized drug testing

Program Responsibilities
- Regularly meet with care manager
- Do periodic self-assessments
- Participate in 20 hours of work, school, or professional development a week
- Focus on finding sustainable housing within 2 years
- Participate in 3 required courses

Rent Requirements
- Pay 30% of income
- Minimum rent $50, maximum rent $526
- Pay $75 deposit

Facility
- Furnished room with twin bed
- Community washer/drier
- Shared, private bathroom
- Community WIFI/TV/computer lab
- Community kitchen with individual food storage
- Beautiful outdoor spaces
- Capitol Hill and University District locations

Opportunities
- Create a stable home and rental history
- Time and support to work on personal and professional goals
- Professional, financial, and creative learning
- Access to employment and financial resources
- Build long-term relationships

Jubilee Women’s Center supports women experiencing poverty to build stable and fulfilling futures, one extraordinary woman at a time.

Led by the guiding principle that women of all races and cultures are to be treated with respect and dignity, Jubilee provides programs and services that empower women to make positive life changes.
To qualify you must:

☐ Be a female identifying person without children in your care
☐ Have an income below $21,050 annually or below $1,754 monthly (under 30% area median income per city of Seattle)
☐ Demonstrate an ability to live cooperatively in a community setting
☐ Be able to pay rent upon entry (30% of income with a minimum of $50 and maximum of $526)
☐ Have been employed for at least 6 months in the last 2 years or have the potential for employment in the future
☐ Participate in shared community responsibilities, including household chores
☐ Show respect equally to all regardless of race, ethnic background, religion, age, disability, gender identity, or sexual orientation

APPLICATION PROCESS

These are the steps for applying to Jubilee Women’s Center. If you have any questions, please give us a call and we will help you through this process. Please read and follow the instructions below.

Application

Fill out the attached Housing and Program Application completely and return it to Jubilee.

Waitlist

Expected wait time varies.
We encourage you to explore other options such as Community Information (2-1-1) by dialing 211, 1-800-621-4632, or visiting www.211.org
We will attempt to notify you of updates to your application.
Please contact us if your phone, email, or address changes.

Interview

We will contact you for an interview when space is available.
Bring income verification such as pay stubs or government documentation.
A final decision will be made after the professional reference check.

Call or email questions to Occupancy Administrator at 206-442-2950 or apply@jwcenter.org

Equal opportunity is available for all, without respect to race, color, creed, religion, national origin, citizenship, disability veteran status, sexual orientation or any other bias protected by federal, state or local law.
HOUSING APPLICATION

All information on this application is confidential. All applications are reviewed in the order received. Equal opportunity is available for all low-income adult women, without respect to race, color, creed, religion, national origin, citizenship, disability, veteran status, sexual orientation or any other bias protected by federal, state or local law.

The landlord is prohibited from requiring disclosure, asking about, rejecting an applicant, or taking an adverse action based on any arrest record, conviction record, or criminal history, except for registry information as described in subsections 14.09.025.A.3, 14.09.025.A.4, and 14.09.025.A.5, and subject to the exclusions and legal requirements in Section 14.09.115.

PERSONAL INFORMATION

First Name ___________________ Middle Name ___________________ Last Name ___________________

Social Security # _______ - _______ - _______ Date of Birth _______ / _______ / _______
REQUARED

Mailing Address: Street ___________________ City ___________ State _____ Zip ___________

Primary Phone # ___________________ Secondary Phone # ___________________

Email Address ____________________________________________

How would you prefer we contact you? □ Phone □ Mail □ Email

How did you learn about Jubilee Women’s Center? __________________________________________

INCOME (Mark All that Apply)

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount per month</th>
<th>Documentation Available *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>$</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>$</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Social Security Disability Insurance (SSDI)</td>
<td>$</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>$</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Aged, Blind, or Disabled Assistance Program (ABD)</td>
<td>$</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Work-study</td>
<td>$</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>Yes No N/A</td>
</tr>
<tr>
<td>Total Income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examples of documentation include pay stubs, award letters, letter from employer, letter from school

Will your income change in the next 6 months? If so describe ________________________________
HOUSING HISTORY

1. Current Living Situation
   - Renting apartment □ Renting room □ Shelter □ Transitional □ Staying with friends/family
   - Living in car □ Managed homeless community □ On the street □ Other____________________
   - City __________________________________________ State _______________
   - How many months? __________ Rent $________ per month

2. Prior Housing Situation
   - Renting apartment □ Renting room □ Shelter □ Transitional □ Staying with friends/family
   - Living in car □ Managed homeless community □ On the street □ Other____________________
   - City __________________________________________ State _______________
   - How many months? __________ Rent $________ per month

3. Next Prior Housing Situation
   - Renting apartment □ Renting room □ Shelter □ Transitional □ Staying with friends/family
   - Living in car □ Managed homeless community □ On the street □ Other____________________
   - City __________________________________________ State _______________
   - How many months? __________ Rent $________ per month

4. Have you ever been evicted? □ Yes □ No
   - If yes, what circumstances led to the eviction? ____________________________________________

5. Have you had subsidized housing before? (Ex: Section 8, Low-Income Housing) □ Yes □ No
   - Start date __________________________ End date __________________________

6. Are you on the Sex Offender Registry? □ Yes □ No

APPLICANT CERTIFICATIONS

I certify that the information I have provided on every page of this application is correct to the best of my knowledge. In addition, I understand my application will be canceled if I do not complete the full application process including, but not limited to, income information.

______________________________    ______________________________
Signature                             Date

Equal opportunity is available for all, without respect to race, color, creed, religion, national origin, citizenship, disability veteran status, sexual orientation or any other bias protected by federal, state or local law.
PROGRAM APPLICATION

EMPLOYMENT INFORMATION

1. First Name ___________________________ Middle Name __________________ Last Name _______________________

2. Are you currently employed? □ Yes □ No

3. Which of the following most accurately describes your employment status? Mark all that apply:

- □ I have one job
- □ I have multiple jobs
- □ School/intern/work-study
- □ Day labor when I can
- □ Self-employed/private contractor
- □ I regularly volunteer, but don’t get payed for it
- □ Unemployed, not looking
- □ Unemployed, and actively looking for work

4. Please list your current job(s)

<table>
<thead>
<tr>
<th>Current Company</th>
<th>Job Title</th>
<th>Date Started</th>
<th>Phone #</th>
</tr>
</thead>
</table>

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<th>Phone #</th>
</tr>
</thead>
</table>

A. How many hours do you work per week?
- □ 0-10 hours
- □ 11-20 hours
- □ 21-39 hours
- □ 40 or more hours

B. How much do you get paid hourly?
- □ Less than $11.00/hour
- □ $11.01-$15.00/hour
- □ $15.01-$20.00/hour
- □ $20.01/hour or more

5. List other job experiences in the past 2 years. Please attach résumé if you need more room.

<table>
<thead>
<tr>
<th>Company</th>
<th>Job Title</th>
<th>Start Date</th>
<th>End Date</th>
<th>Phone #</th>
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</table>

<table>
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<th>Phone #</th>
</tr>
</thead>
</table>

6. What would you expect to achieve if you were in the Jubilee program?

__________________________

__________________________

__________________________

__________________________

__________________________
EMPLOYMENT INFORMATION CONT.

7. What have been some barriers to your income or employment? Mark all that apply:
   - The work I do is not steady
   - My employer limits my hours
   - I need more education to advance in my field
   - Personal challenges or responsibilities causing me to take a leave from work
   - I need to learn different job skills
   - Unreliable transportation or tardiness
   - Scheduling of odd shifts (ex: overnight, weekends, over 8 hours)
   - Other please explain

8. Are you interested in getting trained in a different field? □ Yes □ No

   If yes, mark all fields that are interesting to you:

   □ Computer technician □ Dental/medical/nursing
   □ Cosmetology □ Restaurant/catering
   □ Construction/trade □ Business/billing/administrative support
   □ Other ____________________________

CARE MANAGEMENT

9. What circumstances contributed to your homelessness? Mark all that apply:
   - Cost of rent
   - Job loss
   - Change in physical or mental health
   - Loss of family
   - Loss of transportation
   - Addiction
   - Unsafe living conditions
   - Domestic violence
   - Divorce or separation
   - Relocation
   - Incarceration
   - Loss of roommate
   - Other ____________________________

   What other things would you like us to know?

______________________________________________________________

10. What would be most helpful for you in reaching your goals for stability? Mark all that apply:

   □ Build savings
   □ Case management
   □ Pay off debts
   □ Resolve legal issues
   □ Maintain stable income
   □ Improve credit
   □ Other ____________________________

ADDITIONAL QUESTIONS
11. Are you currently enrolled in school?  ☐ Yes ☐ No
Program __________________________________________ Completion date ____________________________

12. Are you a recent graduate?  ☐ Yes ☐ No
Program __________________________________________ Completion date ____________________________

13. Describe an example(s) of interactions you have had involving respect or disrespect with people of a different race, ethnic background, religion, age, disability, gender identity or sexual orientation:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

14. Are you currently pregnant?*  ☐ Yes due date________________  ☐ No
*There are two rooms designated for a pregnant woman at our University District residence.

15. Have you had challenges with addiction?  ☐ Yes ☐ No
   a. Completed an alcohol/drug treatment program?  ☐ Yes ☐ No Date completed __________
   b. Clean and sober since __________________________________________
   c. Have you had any relapses?  ☐ Yes ☐ No
      If yes, please explain______________________________________________________________
   d. Describe any current activities or groups you engage in to support your sobriety:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________
PROGRAM REQUIREMENTS

Jubilee’s commitment is to support you in creating a strong, stable, fulfilling future. During your stay, we will provide you with classes, resources, and case management to assist you in reaching your goals.

UPON ENTERING THE PROGRAM YOU AGREE TO:

1. Behave in a way that is respectful to all. Statements or gestures that exhibit prejudice or disrespect toward or about any participant, staff, volunteer, neighbor, or guests, including but not limited to those based on race, ethnic background, religion, age, disability, gender identity, or sexual orientation are not tolerated. □ Yes □ No

2. Work, go to school, or volunteer outside of Jubilee for a minimum of 20 hours per week. □ Yes □ No

3. Meet regularly and work cooperatively with your Care Manager on goals for long term personal and professional development. □ Yes □ No

4. Complete self-assessment survey at entry, every 6 months during residency, upon exit, and up to 2 years after exit. □ Yes □ No

5. Be willing to examine areas of growth potential to assist you in achieving your goals. This includes listening and considering feedback with an open mind. □ Yes □ No

6. Participate in classes and workshops that will help you achieve your stated goals, including 3 required classes: Living in Community, Pathways to Housing, and Money Management. □ Yes □ No

7. Attend weekly house meetings. □ Yes □ No

8. Complete all assigned house chores. □ Yes □ No

9. Actively commit to working through issues with other residents with respect and intention to maintain a healthy community, as well as cleaning up after yourself and keeping noise to a minimum. □ Yes □ No

10. No participation in aggression, harassment, or criminal activity (including theft) during your stay at Jubilee. □ Yes □ No

11. No intake of alcohol, non-prescribed drugs, or abuse of medication while in the program. □ Yes □ No

DO YOU AGREE TO MEET ALL OF THESE PRE-ENTRY REQUIREMENTS? □ YES □ NO

_____________________________  _______________________
Signature                                                Date

_____________________________
Printed Name
REFERENCES AND RELEASE OF INFORMATION

Jubilee Women’s Center requires three (3) professional references from people who have known you for at least 6 months (when possible). Examples of references: Previous landlord/shelter provider, employer (past or present), case manager, mentor, or counselor. References from family or friends are not professional, therefore do not meet this requirement.

1. ____________________________________________________________
   
   Name                  Professional Relationship            Company

   Email address          Phone#                                City, State

2. ____________________________________________________________
   
   Name                  Professional Relationship            Company

   Email Address          Phone#                                City, State

3. ____________________________________________________________
   
   Name                  Professional Relationship            Company

   Email address          Phone#                                City, State

DISCLOSURES AND CERTIFICATION

CONSENT TO INITIAL AND RANDOM URINALYSIS (UA)          Initials: __________

I consent to a urinalysis at time of interview and random drug test (UA’s) while participating in the program at Jubilee Women’s Center.

RELEASE OF INFORMATION          Initials: __________

I authorize Jubilee Women’s Center to contact my references and other people listed on my application in order to evaluate program eligibility at Jubilee Women’s Center.

GENERAL TERMS OF APPLICATION

I certify that the information I have provided on every page of this application is correct to the best of my knowledge. I hereby authorize inquiries to be made for the purpose of verifying the information provided herein. I accept full responsibility for keeping Jubilee Women’s Center informed of my current contact information and understand this application may be canceled if I do not do so. In addition, I understand my application will be canceled if I do not complete the full application process including, but not limited to, interview appointments, referencing, and urinalysis.

______________________________________________________________  ____________
Signature                                                      Date