



RESIDENT APPLICATION

Hello Applicant,

Thank you for your interest in becoming a resident in our Sunnyside 5 housing program. We are committed to “housing young people for long-term advancement and personal transformation.”

Program Components

- Housing and Nutritious Meals
- Health and Wellness Support
- Personal and Interpersonal Skills
- Financial Literacy and Stewardship
- Job Training and Career Development
- Entrepreneurship & Exploration
- Ongoing Mentorship

IMPORTANT TO NOTE: Our program is NOT yet open for residents. However, we are beginning the application process now, so that IF you are accepted into our program, you can move in immediately. Also, financial resources are available to assist with program costs.

Eligibility Requirements

- Unhoused young adults between the ages of 18 and 30
- Currently in school or pursuing a trade or career path (or willing to begin once accepted)
- Applying as an individual (our program is not equipped to house children or pets)

Next Steps in the Process

- Once the application is FULLY filled out and returned, one of the Sunnyside 5 staff members will contact you with the next steps of the application process.. If you have any questions you can contact us: **(323) 756-1453** or contact@sunnysidefive.org

Ways to Submit Application

- Drop off: Monday, Wednesday or Friday (11am-2pm) at Sunnyside Church Office: 9317 Budlong Avenue, Los Angeles, CA 90044
- Mail:
Sunnyside Church
Attn: Sunnyside 5
9317 Budlong Avenue
Los Angeles, CA 90044
- Email: Email a pdf copy of you application to contact@sunnysidefive.org

Demographic Information

First Name _____ Last Name _____

Email Address _____

Contact Number _____

Current Living Situation: Homeless Staying with Family Staying with family

Please explain the situation if it isn't one of the options listed above _____

Street Address (Include city, state and zip code) _____

Gender _____

Date of Birth _____

Age _____

Primary Language _____

Do you have a driver's license? (circle one) Yes No

Did you age out of foster care? (circle one) Yes No

If yes, what was the date you aged out? _____

Do you have children? (circle one) Yes No

If yes, are you their primary caregiver? (circle one) Yes No

Do you own any pets? (circle one) Yes No

If yes, could you provide a new home for your pet? (circle one) Yes No

Emergency Contact Information

First Name _____ Last Name _____

Email Address _____

Contact Number _____

Employment and Income

Are you currently employed? (circle one) Yes No

If yes, where do you work? _____

How many hours a week do you work? _____ How much do you get paid an hour? _____

How much is your monthly income? _____

If not employed, what is your primary source of income? _____

Do you have a savings account? (circle one) Yes No

Do you have a checking account? (circle one) Yes No

Education

What's your highest level of education completed? (check box) High School/GED

College Some College Graduate School

Are you currently in school? (circle one) Yes No

If yes, what school do you attend? _____

What program are you in? _____

How much longer do you have before your program is complete? _____

If not, do you plan on enrolling in school? (circle one) Yes No

Which school do you intend on enrolling in? _____

When do you plan on beginning your program? _____

Which degree program do you wish to pursue? _____

Goals and Aspirations

How do you hear about our program? _____

What makes you a great candidate for the program? _____

What are the top 3 goals/aspirations you have for your life right now?

1. _____

2. _____

3. _____

What do you admire or like about yourself? _____

What is something you want to improve about yourself? _____

Who is one person that inspires you and why? _____

Criminal History

Have you EVER been convicted for any crime or felony? (circle one) Yes No

If yes to the following, please state a brief summary of the situation

Are you currently on probation? (circle one) Yes No

If yes to the following, please state a brief summary of the situation

How much longer are you on probation? _____

References

List 2-3 people who can vouch for your character.

First Name _____ Last Name _____

Email Address _____

Contact Number _____

First Name _____ Last Name _____

Email Address _____

Contact Number _____

First Name _____ Last Name _____

Email Address _____

Contact Number _____

Confidentiality

The SUNNY SIDE 5 Application and supporting documentation/information is privileged and confidential. Distribution and/or reproduction of any record or information outside the intended and approved use is strictly prohibited. Illegal or misuse of this information is punishable by fine and/or imprisonment.

Applicant's Signature _____

Date _____