



LOVE INC OF GHC

Love In the Name of Christ of Greater Holmes County
PO Box 144; Millersburg, OH 44654
Phone: 330.473.6017 Email: loveincoghc@gmail.com

Date: _____

Dear _____,

Thank you for expressing interest in the Love INC Homes of Hope Housing Ministry. Attached you will find an application that can be completed and mailed to the Love INC office at your convenience. You will also find a brochure that explains some further details about Homes of Hope.

Completing a phone intake is the first step of pursuing Homes of Hope. The next step is to submit the application. Applications and intakes will be reviewed by the Homes of Hope coordinator to initially discern if it seems that Homes of Hope could be a good fit for your situation. If so, the coordinator will call and set up a face to face interview with you. During this time, there can be more conversation about your housing situation, as well as discuss even more details of the expectations and guidelines of the Homes of Hope ministry. If this continues to seem to be a good resource for you, the Homes of Hope coordinator will offer a home to you, paperwork will be filled out, and a moving date will be set. However, there will be times when all of the homes are occupied and unavailable. If this is the case, and you move forward in the process, you will be put onto a waiting list and will be updated on the status of an opening.

Homes of Hope Affordable Housing is set up so that the family pays rent that is scaled according to their income, and is able to stay in the home for one year at a time. Every three months the family will meet with the Homes of Hope Case Manager for a check-in. The family will also be matched with a team of mentors, including a budget mentor, to set goals, brainstorm ideas on how to pay off debt and save money for a future move.

If it seems that Homes of Hope may not be a good fit for your family, the Love INC office will contact you to talk about other options and resources that might be available to surround you and your family during this time.

Please feel free to call our office at 330.473.6017 for more information or if clarification is needed.

Applications can be mailed to:

Love INC of GHC
PO Box 144
Millersburg, OH 44654

We will be praying for you!

Blessings to you,

Jordan Anderson,

Executive Director/Homes of Hope Coordinator



Homes of Hope Application



Name: _____ Birthdate: _____ Phone: _____

Current address: _____

Current Landlord: _____ Landlord's Phone #: _____

How did you hear about Homes of Hope? _____

Who lives in the home with you? Spouse/partner/children/relatives

Adult(s)

Full Name

Birthdate

Relationship

Children(s) Full Name

Birthdate

Grade

School

Describe your current housing situation.

- Why do you want/need to move out of current home?

- How would Homes of Hope benefit your family?

Is anyone in the home in a current abusive situation? (Is anyone fleeing from an unsafe/unhealthy relationship?) Y or N

- If yes, please explain:

Is anyone in the home currently using any form of drugs or alcohol? Y or N

- If yes, please explain:

Do you currently have employment or source of income? Y or N

- If yes... Who is your employer? What is your source of income?

Employer: _____ or Source of Income: _____

Supervisor: _____ Phone #: _____

How often do you get paid? _____

How much is each paycheck (net)? _____

- If no...what are you doing to secure income? _____

Do you have outstanding rent/utility bills/debt that need paid? Y or N

- If yes....

Rent: Amount due: \$ _____ Payable to: _____

Electric: Amount due: \$ _____ Payable to: _____

Gas/Propane: Amount due: \$ _____ Payable to: _____

Trash: Amount due: \$ _____ Payable to: _____

Water/Sewer: Amount due: \$ _____ Payable to: _____

Phone: Amount due: \$ _____ Payable to: _____

Cable/Internet: Amount due: \$ _____ Payable to: _____

Credit card: Amount due: \$ _____ Payable to: _____

Other: Amount due: \$ _____ Payable to: _____

Please list 2 references who can verify your current living situation and need for Homes of Hope. Do not list family members. Examples would be: pastor, caseworker, counselor, employer, co-worker....

Name of Reference	Phone #	Title/Relationship with Applicant
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1. _____	_____	_____
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2. _____	_____	_____
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Please mail this application to: Love INC of GHC
PO Box 144
Millersburg, OH 44654