

A Home Where Everyone Belongs

Housing intake for individuals, households, agencies, and community partners.

Please provide only information needed for housing placement. Do not enter Social Security numbers, bank account numbers, passwords, immigration documents, or detailed medical diagnoses. Submission does not guarantee placement.

1. SUBMISSION TYPE

- ☐ Self / household intake
- ☐ Agency or case manager referral
- ☐ Government / housing authority
- ☐ Nonprofit / community organization
- ☐ Healthcare / social service referral
- ☐ Other referral source

2. PRIMARY APPLICANT / HEAD OF HOUSEHOLD

Full Name *

Preferred Name

Phone Number *

Email Address

Best Time / Method to Contact

Desired Move-In Date *

Current City / County *

State *

ZIP Code

Age or Date of Birth (optional unless required by a specific program)

3. REFERRING PROFESSIONAL / ORGANIZATION

Complete only when someone other than the household is submitting the referral.

Organization / Agency

Referrer Name

Title / Role

Relationship to Household

Phone

Email

Household & Current Housing

Every person expected to live in the placement should be listed.

4. HOUSEHOLD COMPOSITION

Use page 7 if additional household rows are needed.

Total Household Size	Adults 18+	Minors Under 18	Children Under 5

5. CURRENT HOUSING SITUATION & URGENCY

- ☐ No fixed residence / unsheltered
- ☐ Emergency / temporary housing
- ☐ Hotel / motel / extended stay
- ☐ Staying with family or friends
- ☐ Facing eviction / displacement
- ☐ Leaving an institution / program
- ☐ Currently housed but needs relocation
- ☐ Other

How soon is housing needed?

- ☐ Today
- ☐ 24-72 hours
- ☐ Within 7 days
- ☐ Within 30 days
- ☐ Flexible

Briefly describe the current situation and why housing is needed now *

Immediate safety concern?

- ☐ No immediate safety concern reported
- ☐ Immediate safety concern - staff follow-up requested

If there is immediate danger or a medical emergency, call 911. For a U.S. mental health or suicide crisis, call or text 988.

Housing Preferences

Tell us what kind of placement and location can work for the household.

6. HOUSING TYPE & PLACEMENT PREFERENCES

- ☐ Private room
- ☐ Hotel / extended stay
- ☐ Studio
- ☐ 1 bedroom
- ☐ 2 bedrooms
- ☐ 3 bedrooms
- ☐ 4+ bedrooms
- ☐ Family suite
- ☐ Transitional / supportive placement
- ☐ Workforce / affordable housing
- ☐ Multifamily apartment
- ☐ Flexible / open to options

Preferred City / County / State - First Choice

Second Choice

Third Choice

Can household relocate out of county? ☐ Yes ☐ No ☐ Maybe

Out of state? ☐ Yes ☐ No

Length of Stay Needed

- ☐ 30+ day / monthly
- ☐ 3-6 months
- ☐ 6-12 months
- ☐ 12+ months
- ☐ Flexible

7. HOUSEHOLD FIT & PRACTICAL CONSIDERATIONS

Number of bedrooms requested

Separate sleeping areas needed

Pets / assistance animals

School / work location considerations

Family fit / sleeping arrangement notes

Examples may include adjoining rooms, nearby units, first-floor access, a quiet placement, crib or bed needs, kitchen needs, or proximity to transportation.

Income, Funding & Documentation

Funding information helps us identify options that fit the household and program requirements.

Amounts may be estimated at intake. Final placement may require independent verification by the property, housing agency, or funding source. Do not enter full bank account or card numbers.

8. MONTHLY HOUSING RESOURCES

Total Gross Monthly Household Income *

Maximum Monthly Amount Available for Housing *

Security Deposit / Move-In Funds Available

Utilities / Budget Notes

9. INCOME & ASSISTANCE SOURCES

- ☐ Wages / employment
- ☐ Self-employment
- ☐ SSI / SSDI
- ☐ Retirement / pension
- ☐ Veterans benefits
- ☐ Public assistance
- ☐ Unemployment benefits
- ☐ Child support / alimony
- ☐ Housing voucher / rental assistance
- ☐ Grant / emergency assistance
- ☐ Family / sponsor contribution
- ☐ Other income / assistance

Employer / Income Source Details (optional at initial intake)

10. VOUCHER / RENTAL ASSISTANCE / FUNDING PROGRAM

Program / Voucher Type

Issuing Agency

Approved Monthly Amount

Tenant Contribution

Expiration / Use-By Date

Funding Status

Caseworker / Funding Contact

Phone / Email

11. DOCUMENTATION AVAILABLE

- ☐ Government-issued ID
- ☐ Proof of income / benefits
- ☐ Voucher / assistance letter
- ☐ Funding / award letter
- ☐ Referral / case management letter
- ☐ Other supporting document

Accessibility, Support & Placement

Share only what is needed to identify an appropriate housing option or referral.

A diagnosis is not required to request an accommodation. Describe the housing feature or support needed. Service referrals depend on partner availability, eligibility, and consent.

12. ACCESSIBILITY & ACCOMMODATION NEEDS

- ☐ No special accessibility request at this time
- ☐ Elevator access
- ☐ Accessible bathroom / grab bars
- ☐ Proximity to public transit
- ☐ Visual / hearing accessibility feature
- ☐ No stairs / ground floor
- ☐ Wheelchair-accessible unit
- ☐ Roll-in shower
- ☐ Service / support animal consideration
- ☐ Other accommodation request

Describe the housing feature or accommodation needed

13. TRANSPORTATION

- ☐ Own vehicle
- ☐ Needs transit-accessible location
- ☐ Reliable ride support
- ☐ May need shuttle / ride coordination
- ☐ Uses public transit
- ☐ Other

Transportation details / limitations

14. OPTIONAL SUPPORT / REFERRAL INTERESTS

- ☐ Employment / workforce resources
- ☐ Food / meal access
- ☐ Mental health provider referral
- ☐ Legal aid referral
- ☐ Education / GED / training
- ☐ Childcare resources
- ☐ Recovery support referral
- ☐ Family / youth resources
- ☐ Benefits navigation
- ☐ Healthcare provider referral
- ☐ Veterans resources
- ☐ Other community support

Additional support or referral request

15. OTHER PLACEMENT CONSIDERATIONS

Privacy needs, schedule, school/work proximity, or other information

Consent, Privacy & Certification

Review carefully before signing or typing your name.

16. PRIVACY & INFORMATION USE NOTICE

Poor Little Rich Kids LLC / Safe Haven & Heritage Healing will use the information on this form to evaluate housing needs, communicate about potential housing options, coordinate referrals, and support placement activities. Information may be shared only as reasonably necessary with property owners or managers, housing agencies, funding sources, service partners, or other parties involved in a requested placement, subject to applicable law and consent. This intake is not a lease, reservation, benefits determination, or guarantee of housing.

17. REQUIRED ACKNOWLEDGMENTS

- [ ] I certify that the information provided is true and complete to the best of my knowledge.
- [ ] I authorize contact with the applicant/household and, when applicable, the referring professional regarding this housing request.
- [ ] I authorize verification of stated voucher, rental assistance, funding, or program information when reasonably necessary.
- [ ] I authorize the minimum necessary housing information to be shared with prospective property or program partners for placement consideration.
- [ ] I understand that submitting this form does not guarantee housing, funding, approval, a specific property, or a specific move-in date.
- [ ] I understand that additional documents or a property-specific application may be required before placement can be finalized.

18. FAIR HOUSING & EQUAL OPPORTUNITY

Housing referrals and placement coordination are handled without unlawful discrimination. Property-specific eligibility criteria and program rules may vary. Reasonable accommodation requests may be raised during intake or later in the placement process. Nothing on this form waives rights under applicable law.

19. SIGNATURES

Type your name for electronic completion or sign after printing. A typed name is intended as an electronic acknowledgment.

Applicant / Head of Household Signature or Typed Name *

Date *

Referrer Signature or Typed Name (if applicable)

Date

Authorized Representative / Guardian (if applicable)

Date

SUBMISSION & CONTACT

PLRKPROPERTIES@JESSFLAWLESS.com | (404) 401-1765

HOUSING INQUIRIES BY PHONE OR EMAIL | RETAIN A COPY OF YOUR COMPLETED FORM.

POOR LITTLE RICH KIDS LLC

Financial & Payment Profile

Applicant supplement - financial review for for-profit placements

PLRK LLC coordinates housing inquiries and referrals as a for-profit business. Rent, deposits, and any service fees are governed by separate written agreements. Do not provide full bank, credit card, or Social Security numbers here.

1. APPLICANT AND HOUSEHOLD REFERENCE

Applicant legal name

Intake / household ID

Date

2. ESTIMATED AFFORDABILITY AND PAYMENT SOURCE

Gross monthly household income ($)

Comfortable monthly rent ($)

Available move-in funds ($)

Anticipated payer / income or support sources

- ☐ Self-pay from work
- ☐ Voucher / subsidy
- ☐ Agency-funded
- ☐ Family / sponsor
- ☐ Retirement / benefits
- ☐ Other / discuss

Payer / funding organization (if any)

Approved monthly amount ($)

Resident monthly share ($)

Required deposit / fees ($)

Funding deadline

3. FUNDING AUTHORIZATION AND DOCUMENTATION

Voucher / authorization number (when issued)

Authorizing agency / contact

Funding documents available for staff to verify

- ☐ Proof of income
- ☐ Award or voucher letter
- ☐ Sponsor commitment
- ☐ Written authorization
- ☐ Identity verification
- ☐ Still pending

4. FINANCIAL ACKNOWLEDGMENT

I understand that the property owner or designated agent must approve the final rent, deposit, payer, applicable screening, and lease. A referral is not a room reservation, and PLRK will disclose any separate service charge in writing before it is owed. No funded placement will be confirmed without the required written authorization.

Applicant / representative signature

Date