

**APPLICATION**  
**New Day on Mill**  
**1207 Mill Street**  
**Camden, S.C. 29021**

**Head of Household must submit application**

**DATE** \_\_\_\_\_

Name Adult Female: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Name Adult Male: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Married/Single/Divorced/Separated: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Specify Church: \_\_\_\_\_ Race: \_\_\_\_\_

**Complete information requested for ALL persons to occupy the premises. (Include self, spouse, children, relatives, or co-residents):**

Name	Age	Date of Birth	Social Sec. #	Relationship	Disability /Handicap?
				Self	

Do you have other children who do not live with you? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, complete the following:

Name	Age	Date of Birth	Social Sec. #	Disability /Handicap?	Where are they?

Is there a plan for their return to your care? \_\_\_ Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How long have you lived in Kershaw County? \_\_\_\_\_ in S.C.? \_\_\_\_\_

How did you become homeless?

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Why do you need transitional housing now?

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Have you ever stayed in a shelter? \_\_\_\_\_ If yes, give dates, name and address:

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List (in order) the places where you have lived for the past **five years**, beginning with the most recent:

<b>Address (Give name of apartments as well as street address)</b>	<b>Dates</b>	<b>Why did you leave?</b>	<b>Landlord's name and telephone number</b>

Have you or any members of your household ever been evicted? \_\_\_\_\_ Why?

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Have you ever lived in public or subsidized housing? \_\_\_ If yes where? \_\_\_\_\_  
Why did you leave?

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Do you have an active application on file with S.C. State Housing Authority? \_\_\_\_\_  
Why not? \_\_\_\_\_

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How did you learn about New Day on Mill?

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Do you or any member of your household have any outstanding debt? \_\_\_\_\_

Type of Debt	Amount Owed	Last Payment Date
For Utilities?		
With Landlord(s)?		
Telephone?		
Rent?		
Property Damage?		
Student Loans?		
Installment Payments?		
Finance Companies?		
Medical?		
Other?		

Please check one

Yes

No

Income

\_\_\_

\_\_\_

1. In addition to Head of Household and spouse, are any other household members employed?

\_\_\_

\_\_\_

2. Does any member of your household work for a person who pays them in cash?  
\$ \_\_\_\_\_ per (week/month/year)

\_\_\_

\_\_\_

3. Is any member of your household self-employed? What type of work? \_\_\_\_\_

\_\_\_

\_\_\_

4. Does anyone make regular financial contributions or gifts to anyone in your family? \$ \_\_\_\_\_ per (week/month/year)  
From whom? \_\_\_\_\_

\_\_\_

\_\_\_

5. Is anyone in your household a member of the Armed Forces or Reserves? Branch \_\_\_\_\_ Serial# \_\_\_\_\_  
\$ \_\_\_\_\_ per year

\_\_\_

\_\_\_

6. Does any member of your household receive income from annuities, stocks, etc insurance policies, retirement funds, pensions, trust funds or death benefits?  
\$ \_\_\_\_\_ per year

If you are employed or in school or job-training do you have to pay for child care? \_\_\_\_\_ Who and how much do you pay? \_\_\_\_\_

**CURRENT OR EXPECTED SOURCES OF INCOME:**

	<b>Amount</b>	<b>Date of Payment</b>	<b>Frequency of Payment</b>	<b>Name of Recipient</b>
Gross Wages from job(s) of household members (before deductions)				
Unemployment				
Social Security				
Disability/SSI				
Child Support				
Workers' compensation				
TANF				
Food Stamps				
Cash available on hand				
Checking Account				
Savings Account				
Real Estate				
Cars				
Other Assets				

Do you or other household members receive or have applied for Medicaid benefits? \_\_\_\_\_ If so,

give Medicaid number \_\_\_\_\_ Name of Caseworker \_\_\_\_\_

**EDUCATIONAL INFORMATION: (All members of household)**

Name of family member	Highest Grade	GED Date	Diploma Date	Degree Date	What School
1.					
2.					
3.					
4.					
5.					

**EMPLOYMENT INFORMATION \***

Number of people in household employed: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position (job): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Yearly Gross Wages \_\_\_\_\_ (Attach or bring a copy of last filed tax return. Attach or bring last two months pay stubs.)

Work Schedule: \_\_\_\_\_

Length of employment: \_\_\_\_\_

*\* Even if you are not employed right now, answer the next question about your work skills.*

Describe your work skills: \_\_\_\_\_

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

List Past Employment (last five years, beginning with you most recent job first):

Position (job)	Employer name & Address	Dates of Employment	Phone

Have you or other adult household members ever been fired from a job? \_\_\_\_\_ If so, please give the reason

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**SUBSTANCE ABUSE HISTORY**

Have you or any members of your household been involved in the abuse of substances (drugs or alcohol)?

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For those who have been substance abusers:

Name	Type of substance (marijuana, alcohol, other e.g. cocaine)	Length of substance abuse	Length of sobriety from substance abuse	Type of recovery program	Frequency of recovery group meetings	Date of last recovery group attended

**MEDICAL HISTORY:** Do you or does any member of your family have, or have had, any of the following

conditions within the past 5 years?

Type of Condition	Name of Household Member	Comments
Diabetes		
Heart Trouble		
High Blood Pressure		
Asthma		
Allergies		
Ulcer(s)		
Thyroid Problems		
Seizures		
TB		
HIV		
AIDS		
Sexually Transmitted Disease(s)		
Mental Health Problems (include diagnoses and medication)		
Present Pregnancy (Due Date?)		
Other		

Date of Most Recent Physical Exam: \_\_\_\_\_ Date of Most Recent Hospital Stay: \_\_\_\_\_  
 Any current medical problems? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please specify: \_\_\_\_\_  
 \_\_\_\_\_

Have any of these conditions kept you from working? Why?  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently under the care of a doctor for any condition? \_\_\_\_\_ Are you or any member of your household taking any medication? \_\_\_\_\_ Who? \_\_\_\_\_ If so, what kind?  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you be willing to sign a release of information so that New Day on the Mill and your health specialist(s) can exchange information if necessary? \_\_\_\_\_

Have you or any members of you household received any services from the following agencies? \_\_\_\_\_

Name of Agency	Name of member of household	Name of Caseworker	Phone Number	Dates of Service
DSS				
Vocational Rehab. Ctr				
DMH				
The Parenting Center				
DHEC				
The Alpha Center				
DDSN				
Probation, Pardon, & Parole				
DJJ				
Community Medical Clinic				
Alston Wilkes				
Communities in School of Kershaw County				
Other				

Have you or any members of you family ever been investigated for, charged with, or convicted of, any of the following:

	Household Member	Date	Please Explain
Criminal Offenses (Misdemeanor or felony)			
Abuse or neglect of a child, vulnerable adult, or a spouse			

If yes, give details:

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**EMERGENCY INFORMATION**



The following information is requested of each resident along with a photograph taken upon admission to New Day on Mill. Its sole purpose is emergency use for your safety and protection.

Name \_\_\_\_\_ any alias \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of hair \_\_\_\_\_ Color of eyes \_\_\_\_\_

Driver's License Number \_\_\_\_\_ (include state)

Auto year, make, and model \_\_\_\_\_ Tag # \_\_\_\_\_

Relative or friend in Kershaw County (or living closest to Camden):

1. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**I confirm that the information given on this application is complete and accurate.  
FAILURE TO GIVE ACCURATE INFORMATION WILL RESULT IN  
APPLICANT REJECTION OR EVICTION**

*I hereby give New Day on Mill staff the authority to conduct a background investigation to verify the accuracy of the statements on this application, including the release to them of any information concerning me or any member of my household.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*