Location Requested:

\_\_\_ Hope House (Prescott)



\_ My House (Kingman) \_ Serenity House (Cottonwood)

First Name	Middle Initial	Last	Name
Street Address		City Stat	ie Zip
Phone Number	Date of Birth		
It is illegal to Discriminate Again National Origin. The information			
Gender: Male / Female Marita	ll Status:	Race:	Ethnicity:
Senior (Over 62)	Veteran	Disabled Veteran	
<u>Enrollment Info</u>			
Place of Birth:	Monthly Income	:	Source:
Are you a student?			
RHBA Enrollment:	Case Manager:	Pho	ne Number:
Household Comp	osition		
Do you have others living with	you?		
If you said yes, fill out the field	s below. If you said no, skip th	is section.	
Person 1: Name	Gender	DOB	Relationship
Person 2: Name	Gender	DOB	Relationship
Person 3: Name	Gender	DOB	Relationship

By submitting this application, you attest that you are the person listed on the application or an authorized representative or agent of that person. All required fields must be accurate and will be verified. Incomplete or incorrect applications may be delayed or rejected completely. It is your responsibility to keep NAZCARE informed of contact information changes. You must contact us in writing of changes to this application.