



INTEREST IN SERVICE / HOUSING QUESTIONNAIRE

A Multi-Cultural Senior Housing Development
Social Services by Gay & Lesbian Elder Housing Corporation

Contact Information

FIRST NAME: LAST NAME:
PARTNER/SPOUSE/ROOMMATE FIRST NAME: LAST NAME:
STREET ADDRESS:
CITY: STATE: ZIP:
EMAIL ADDRESS: Please add my name to the GLEH email list
HOME PHONE: CELL PHONE: WORK PHONE:

May we contact you at the numbers listed above? Yes No

Statistical Information (The following questions are optional and to be used for demographic purposes only)

WHAT IS YOUR AGE: (AGE DETERMINES QUALIFICATION FOR HOUSING REFERRAL)
NUMBER OF INDIVIDUALS INTERESTED IN SERVICES/HOUSING:
DO YOU HAVE A LIVE-IN HOME HEALTH CARE PROVIDER: YES NO

Monthly Income - please check one

\$0 - \$925 \$1,388 - \$1,850 \$2,313 - \$2,775
\$926 - \$1,387 \$1,851 - \$2,312

DO YOU HAVE A SECTION 8 VOUCHER?: YES NO
HIV/AIDS?: YES NO (OPTIONAL - RELATES TO CERTAIN REQUIRED HOUSING SET ASIDES)

Are you interested in any of the following services?

HOUSING FOOD/NUTRITION/PANTRIES SUBSTANCE ABUSE SERVICES
CAREGIVER SUPPORT HIV/AIDS RELATED SERVICES TRANSGENDER/LGBT SUPPORT GROUPS
CASE/CARE MANAGEMENT MENTAL HEALTH CARE/COUNSELING OTHER:
FINANCIAL SERVICES/BUDGETING RECREATIONAL ACTIVITIES

How did you hear about us?

Blank lines for text input

BY CHECKING THIS BOX YOU ARE GIVING GAY & LESBIAN ELDER HOUSING PERMISSION TO PROVIDE THE INFORMATION IN THIS DOCUMENT TO LOCAL HOUSING AND SOCIAL SERVICE PROVIDERS IN CONNECTION WITH REFERRAL EFFORTS

