



HOUSING INTEREST FORM

Please complete this form if you are interested in stable reentry housing with A Second Turn. All information will be reviewed confidentially.

PERSONAL INFORMATION-Please Print

Full Name: _____

GDC / Inmate ID Number: _____

Current Facility: _____

Expected Release Date: _____

HOUSING INTEREST

Please check one:

- ☐ Private Bedroom
- ☐ Shared Bedroom
- ☐ Either option is acceptable

ELIGIBILITY CRITERIA (Please check all that apply)

- ☐ I am 65 years of age or older
- ☐ I do not currently have housing approved for parole
- ☐ I am able to live independently
- ☐ I am ambulatory
- ☐ I take my medications independently
- ☐ I am cognitively aware

INCOME SOURCE (REQUIRED)

(Please check at least one)

- ☐ Social Security (SS)
- ☐ Social Security Disability (SSDI)
- ☐ VA Disability Benefits
- ☐ Railroad Retirement Benefits
- ☐ Retirement Pension
- ☐ Private Pay

OPTIONAL INFORMATION-(Brief notes you would like us to know)_____

FACILITY POINT OF CONTACT (OPTIONAL)

- ☐ You may speak with my Chaplain
- ☐ You may speak with my Reentry / Case Manager

Name (if known): _____

APPLICANT CERTIFICATION

I certify that the information provided above is accurate to the best of my knowledge and that I am interested in housing with A Second Turn.

Signature: _____

Date: _____

RETURN INSTRUCTIONS-Please mail this completed form to:

Cynthia Allen

A Second Turn

1440 Mt Zion Rd #114

Morrow, GA 30260