

Instructions: Complete the application, download
and email to info@amplifiedsolutionsllc.org



Independent Living Community – Member Application

Thank you for your interest in joining our shared living community. This short application helps us ensure our home is safe, supportive, and a good fit for everyone.

Personal Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Current Housing

Where are you currently staying?

What brings you to seek housing right now?

How long are you hoping to stay?

Income & Ability to Pay

We offer affordable weekly or monthly memberships. To ensure a good fit, please tell us how you plan to pay.

What is your primary source of income?

- Job
- SSI / SSDI
- VA Benefits
- Caseworker / Program Support
- Family Support
- Other: _____

Do you have reliable income to cover your membership fee?

- Yes
- No

If an agency, organization, or caseworker is helping with payment, please list:

Community Fit & Daily Living

We are an independent living community. Members must be able to safely care for themselves in a shared home environment.

Are you able to handle daily living activities on your own (such as bathing, dressing, using the bathroom, and preparing simple meals)?

- Yes
- No

Do you require regular medical care, nursing care, or supervision in the home?

- Yes
- No

Do you use any mobility or support equipment (walker, wheelchair, cane, oxygen, etc.)?

- Yes
- No

If yes, please describe:

(We do not ask for diagnoses or medical records. These questions help us confirm whether our home is a safe fit for you.)

Community Safety

We strive to maintain a peaceful, respectful, and safe environment for all Members.

Do you currently use drugs or misuse alcohol?

- Yes
- No

Do you smoke?

Yes

No

Do you have any pets?

Yes

No

Have you ever been asked to leave a shared living situation for safety, behavior, or rule violations?

Yes

No

If yes, please explain:

Have you ever had issues with violence, threats, or unsafe behavior toward others?

Yes

No

(We do not run criminal background checks, but honesty is required to protect the safety of all residents.)

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Member Acknowledgment

I understand this is a **membership-based shared housing community**, not a traditional rental. I will be a **Member with a license to occupy**, not a tenant. My stay depends on following community rules, paying my membership fees, and maintaining safe, respectful behavior.

I confirm the information above is true and complete.

Member Signature: _____

Date: _____