



F.A.V.A.R. MINISTRIES
Father's Against Violence and Repeat-Offenders, Inc.

"Saving Lives One Life at a Time"
7913 Old Concord Rd., Charlotte, NC 28213 *Office (980) 237-4787 Fax: (980) 237-4247
Email: favarministries@aol.com Website: www.favarministries.com

F.A.V.A. R. Transitional Housing Application

Date _____
Release / Court Date

Correctional Facility _____
OPUS / FED / PID #

Instructions: All fields must be completed to be eligible for the program.

Name: _____

Current Address: _____

Phone: _____ Age: _____ Date of Birth: _____

Gender: _____ Race: _____ Social Security #: _____

Veteran: Y ___ N ___ If yes please list branch and years served: _____

U.S. Citizen: _____

Contact in case of emergency: _____

Name Phone Email

How many years of education have you completed: _____

Do you have a high school diploma or GED: _____

Have you previously lived in a FAVAR Transitional Housing Residence: Y ___ N ___ If yes list address/ location: _____

List any job training you have participated in: _____

Do you have a special skill, trade, or certification: _____

Are you presently employed: _____ If yes, where how many hours and how much and how often are you paid: _____

Supervisor's name and phone number:

May we call your supervisor to verify work schedules: _____

Do you receive Government assistance, benefits and/or food stamps? _____

Please list which type and how much/how often you receive:

What is your current health status? (circle) excellent, very good, good, fair, or poor

When did you last visit a doctor? _____

Please list any medical diagnosis you have:

Describe any limitations or handicaps that may affect employment status:

Have you ever received treatment for alcohol and/or drug addiction? _____

If yes, please list where and the dates:

Have you ever used illegal drugs? _____

What was your drug of choice?

Have you ever been treated at a mental health clinic? _____

If yes, list dates and location where treatment was received:

If currently enrolled in mental health, who is your primary therapist and/or community support worker?

Please list what agency they work for:

What were you treated for?

Have you ever been convicted of a crime(s)? _____ If yes, list the crime(s):

Have you ever been in prison or jail? _____ if yes, when and where (prison name and county)

Are you currently on probation or parole? _____ if yes, please list your corrections officer's name and phone number:

What are the conditions of your probation or parole? (curfew, restitution, scheduled meetings, community services, etc...) and what is the length of your probation or parole?

What town/city, and state were you born in?

How long have you been in Charlotte Mecklenburg county? _____
Where are you currently residing and how long have you been there?

What is your current marital status (married, divorced, never married)

Do you have any children? If yes, give names, ages, and location:

How would you describe your relationship with your children?

Why did you choose this ministry?

List two Character References:

Name: _____

Phone: _____ Email: _____
Address: _____

Relation to applicant: _____
Name: _____
Phone: _____ Email: _____
Address: _____

Relation to applicant: _____

Do you have a State issued Drivers License or Identification card? _____ Please list the ID number: _____

Are you registered to vote? _____

Have you ever been convicted and/or charged with a sex offense? _____

Are you required to register as a sex offender? _____

I affirm that the information I have provided in this application is true and accurate. I understand that if it has not been answered truthfully, my application will be void.

Printed Name: _____

Signature of Applicant Date: _____

List name and number of three (3) personal references:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please return this form to:

Elder John Jennings

7913 Old Concord Rd.

Charlotte, NC 28213

Office: (980)237-4787, Fax: (980)237-4247

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