

**Andrea's House, Inc.**  
Transitional Living for Women and Children  
Frederick, MD  
andreashousetransitionalliving@gmail.com



Residential Manager:  
Deirdre Raczkowski  
[draczkowski@andreashouse.org](mailto:draczkowski@andreashouse.org)

Chief Executive Officer:  
Carleah Summers  
[csummers@andreashouse.org](mailto:csummers@andreashouse.org)

## Housing Application

**\* All admits must submit a negative COVID-19 Test\***

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Application Date: \_\_\_\_\_ Desired Move in Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Marital Status:  
\_\_\_\_\_

All Children- Names  
and Ages:  
Child/ren in your  
care (must be 9yrs  
old or younger to be  
considered for  
admission into the  
program)

Are you a citizen of the United States? YES  NO  Do you have legal involvement? YES  NO   
Do you have alcohol dependence? YES  NO  Date of last drink: \_\_\_\_\_



## Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Current Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ :

May we contact your current supervisor? YES NO

## Financial/Child Care Assistance

- Employment
- Unemployment
- TCA
- SNAP (Food Stamps)
- TDAP
- SSI
- Disability
- Alimony
- Child Support
- Child/Day Care Provider
- Child Care Vouchers
- Other

## Disclaimer and Signature

***I certify that my answers are true and complete to the best of my knowledge.***

***If this application leads to admission into Andrea's House, I understand that false or misleading information in my application or housing interview may result in my exit from the Andrea's House program.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

