

Opportunity Village Eugene

Application Date: _____

Applicant Name: _____

(Please Print clearly)

Each adult applying to live at OVE must complete an application in full. Completed applications can be submitted:

- At the Opportunity Village front gate, between the hours of **9:00 am and 7:00 pm** (located at 2243 Roosevelt Blvd. in Eugene)
- By emailing a completed application to oveapplications@squareonevillages.org;
- Or by mail to;

**Opportunity Village Eugene
2243 Roosevelt Blvd.
Eugene, OR 97402**

Below For Staff Use Only

Community Agreements

Opportunity Village Eugene (OVE) is a transitional village that provides a safe and secure place to be for adults who don't have housing. It is a community that is based on five basic rules:

- 1. No violence to yourselves or others**
- 2. No theft**
- 3. No alcohol, illegal drugs, or drug paraphernalia**
- 4. No persistent, disruptive behavior**
- 5. Everyone contributes to making the Village a safe, respectful, and supportive place**

Each Villager's behavior has an effect on all others. OVE emphasizes positive behaviors that benefit the community. Each resident is expected to be a positive member of this community and to contribute toward making it a safe, secure, clean and pleasant place to live.

This is a community that relies on the participation of all Villagers. Participation expectations at OVE include:

- Assisting at the front gate at the Village
- Helping to clean and maintain the grounds and common areas
- Attending and respectfully participating at the weekly Village Meeting
- Keeping your assigned unit neat and tidy at all times

Application & Intake Questionnaire

Date: _____

Full Legal Name: _____

Name Used: _____

Race/Ethnicity: _____ Gender: _____ Pronouns: _____ Date of birth: _____

How do we contact you?

Phone: _____

Email: _____

Where did you sleep last night? _____

Are you applying to live at OVE with another person in your household? Yes / No

If so, what is their name: _____

Note: couples must agree in advance which household member will leave the assigned unit if there is a fallout resulting in the household splitting up. Please choose which household member will leave the unit below:

"In the event of a fallout resulting in an inability for us to live together, we agree that
_____ will move out of the assigned unit until another unit is available."

Do you know any current OVE villagers? Yes / No If so, who? _____

Do you have a pet? Yes/No

If so, what kind? _____ How many pounds? _____ Are they spayed/neutered? Yes/No

1. How long have you been without stable housing? _____

2. How did you become unhoused? _____

3. Where was your most recent permanent address? _____

4. How long have you been in the Eugene/Springfield Area? _____

5. Have you lived in any other states? _____

6. Is this your first time being unhoused? _____

7. Do you have a source of income? Yes / No If so, what source? _____

8. Have you ever lived in a rest stop, homeless village or other community setting? Yes / No

If so, which one and for how long? _____

9. Are you employed? Yes / No If so, where and how many hours/week? _____

10. Have you ever worked for pay? Yes / No If so, what kinds of work have you done? _____

11. What is the best job you ever had? _____ Why? _____

12. What goals do you have for yourself? _____

13. What are your hobbies? _____

14. Please provide an Emergency Contact:

Name Phone Relationship

Criminal Conviction History

A criminal history does not automatically result in a denial of your application. However, depending on the nature and severity of the charges, and how recently an offense occurred, people with a criminal history may require additional screening.

Please list any criminal convictions below. As part of the application process, we will conduct a criminal background check. If that background check does not match your answers on this form, your application to live in Opportunity Village Eugene may be denied.

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____

Have you ever been convicted of a criminal offense? Yes / No

If yes, please state the City/Town, County and State, the date of the conviction, and charges you were convicted of. (Please use the back of the sheet if you need more room).

1.	_____	_____	_____
	City, State, County	Date/Yr	Offense
2.	_____	_____	_____
	City, State, County	Date/Yr	Offense
3.	_____	_____	_____
	City, State, County	Date/Yr	Offense
4.	_____	_____	_____
	City, State, County	Date/Yr	Offense
5.	_____	_____	_____
	City, State, County	Date/Yr	Offense

By signing below, I confirm that the information I have provided in this application is true and accurate to the best of my knowledge.

Signature

Date

Print Name