



# Lansing Intentional Communities

## Request for Residency

### GENERAL INFORMATION

Today's date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant's Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Current Age \_\_\_\_\_

Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email address \_\_\_\_\_

Current address \_\_\_\_\_  
\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Mos. Yrs.

Parent/Guardian contact: Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email address \_\_\_\_\_

### REFERENCES: Please list three non-family references.

Reference: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

Reference: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

Reference: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

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**Why do you want to live and participate in a LINCS community?** *(Complete in your own words or have someone write your thoughts for you using your own words.)*

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## INDEPENDENT LIVING

Where do you live currently?

Apartment/Condo     House     Other \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Mos. Yrs.

Who do you live with?  By myself     With a roommate(s)     Parent/Family/Guardian

Who are your "natural supports" who help you live independently? \_\_\_\_\_

Do you receive Community Mental Health Developmental Disability Services?    Y    N

Do you receive Community Mental Health Mental Illness Services?    Y    N

Do you receive personal assistance from Department of Human Services?    Y    N

### How do you spend your time?

List your activities and the average number of hours you spend on that activity each week.

Work: \_\_\_\_\_

School: \_\_\_\_\_

Spare time (interests/hobbies): \_\_\_\_\_

**How do you get around?** (Check all that apply)     Parent/Support Person     Drive myself

CATA     Spectran     Other \_\_\_\_\_

### Behavioral History

Do you feel you would be a trustworthy community member?    Rarely    Sometimes    Usually    Always

Do you show respect to others/their belongings?    Rarely    Sometimes    Usually    Always

Do you have any behaviors that would make it difficult to participate in a LINCS community?    Rarely    Sometimes    Usually    Always

Explain \_\_\_\_\_

Have you had any violent behaviors that would put other community members at risk?    Rarely    Sometimes    Usually    Always

How often?    Daily    Weekly    Monthly    Yearly    Last event: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Nature of behavior \_\_\_\_\_

Have you ever been arrested?    Y    N

Do you have problems with sexual behaviors?    Y    N    Explain: \_\_\_\_\_

Do you have any other challenges or limitations that impact your ability to live independently and be a good roommate/neighbor? \_\_\_\_\_

## Interest in a LINCS Supported Independent Living Community

How interested are you (not your family, but YOU) in being a member of a LINCS community?

\_\_\_ *Not interested* \_\_\_ *Somewhat Interested* \_\_\_ *Very interested* \_\_\_ *Extremely interested*

Do you prefer to live \_\_\_ Alone \_\_\_ With a roommate/housemate?

***All LINCS residents and their families are expected to participate in the LINCS community and to actively engage with the surrounding neighborhood and community.***

Are you interested in participating in activities in your neighborhood and surrounding community?

\_\_\_ *Not interested* \_\_\_ *Somewhat Interested* \_\_\_ *Very interested* \_\_\_ *Extremely interested*

Is your family interested in participating in a supportive community for residents?

\_\_\_ *Not interested* \_\_\_ *Somewhat Interested* \_\_\_ *Very interested* \_\_\_ *Extremely interested*

***All LINCS residents and their families are expected to help support the LINCS community.***

Are you and/or your family able to afford monthly rent? Y N

Are you and your family willing to help support the community builder each month (\$125/mo.)? Y N

Are you and your family willing to contribute volunteer time to improve/maintain housing for LINCS members? Y N

When would you be ready to live in a LINCS community? \_\_\_ Now \_\_\_ Mos. \_\_\_ Yrs.

Do you have a diagnosis that qualifies you to live in the LINCS community? Y N

Developmental Disability \_\_\_\_\_

Physical Disability \_\_\_\_\_

Have you been diagnosed with mental health issues? Y N \_\_\_\_\_

Would you like to share any other information that would help LINCS get to know you better?

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Return by E-mail to: info@linc2linc.org  
Return by mail to: Lansing Intentional Communities  
2611 Okemos Rd., Mason, MI 48854

*LINCS does not discriminate on the basis of gender, age, race, color, national origin, ancestry, creed, marital status, religion, veteran status, political affiliation, or county of residence, or any protested status under law.*

*Application decisions are made by the LINCS Housing Committee.  
Any reason for denial will be summarized in a rejection notice to the applicant.*