



**A Home for Young Women Moving
Toward Independence**



Miss Beverly's House provides a safe, supportive, and creative home for young women who are on the road toward more stability and independence. We offer a group-home of sorts, with space for 4 young adult women (two women in each bedroom, w/ bunk beds). Miss Beverly's House has one permanent female resident, aged 29, who will provide a stable and consistent presence, friendship, and mentoring to her younger co-residents.

Young women who live in MBH

- must have a job
- (Or be enrolled and progressing in a training or education program)*
- must be able to pay \$400 /mth for rent and utilities
- must have resources/money to provide for their other material needs: food, clothing, etc.
- must progress toward becoming more stable and more independent

*temporary exceptions can be approved on a case by case

CONTACT INFO

Missbeverlyshouse@gmail.com

www.missbeverlyshouse.com

Owner (GibAnn Berryhill): 501-993-8318
P.O. BOX 4275
Little Rock, AR 72214

Please complete the enclosed application and contact us when you have it ready. We are accepting applications now and will open our doors August 30th.

Thanks!

GibAnn Berryhill, owner of Miss Beverly's House and founding board member
Dennis Edge, spouse of owner and board member
Nikki Burrow, board member
Jerusalem Greer, board member
Anyia Saldana, board member

APPLICATION

Name _____

Address _____

Email _____ Phone Number _____

Other Phone Number _____ Social Security # _____

Drivers License _____ Vehicle Tag # _____

Do you have medical insurance _____ Provider _____

Describe your recent living situation over last 4 months: (select all that apply)

on street staying with friends staying with family shelter group home foster care

own place jail or prison hospital or treatment facility

other (please describe) _____

Education: (check highest completed)

High School 9th 10th 11th 12th College 1 year 2 years 3 years 4 years

Future Plans for Education: _____

Other Plans: _____

Is there anyone in your life currently who is helping you / will help you achieve your goals and plans?

Do you have a job? _____ Describe job and hours _____

How long do you think you will need to live at MBH? _____

PERSONAL CONTACTS (list name and contact phone number):

Family / relatives you are in contact with _____

Personal friends (list 2 or 3) _____

REFERENCES (list 3 people who are aware of your situation)

Name _____ How you know them _____

Phone _____ Email _____

How long have they known you? _____

Name _____ How you know them _____

Phone _____ Email _____

How long have they known you? _____

Name _____ How you know them _____

Phone _____ Email _____

How long have they known you? _____

RESOURCES

How do you currently support yourself? _____

How will you support yourself while living at Miss Beverly's House? _____

Regular income you receive (source and amount) _____

Do you have a bank account? _____ What bank? _____

Other sources of income and amounts _____

EMPLOYMENT HISTORY

Current Employment _____ Location _____

Job Description _____ How long employed _____

Supervisor Name and Phone # _____

Current Employment _____ Location _____

Job Description _____ How long employed _____

Supervisor Name and Phone # _____

Previous Employment _____ Location _____

Job Description _____ How long employed _____

Supervisor Name and Phone # _____

Previous Employment _____ Location _____

Job Description _____ How long employed _____

Supervisor Name and Phone # _____

LEGAL

Have you ever been arrested? ___ yes ___ no If yes, why? _____

Jail time for this offense? ___ yes ___ no If yes, where and when? _____

_____ On probation or parole? ___ yes ___ no

If yes, who do you report to and phone # _____

Ever been questioned or charged for physical violence against another person? ___ yes ___ no

If yes, please explain _____

Ever been questioned or charged for sale of illegal drugs? ___ yes ___ no

If yes, please explain _____

HEALTH

Have you been treated for wanting to hurt yourself or others? ___ yes ___ no _____ when?

Do you think you might be pregnant? ___ yes ___ no

Any regular medications? _____

THINGS YOU WANT US TO KNOW OR CONSIDER ABOUT YOURSELF REGARDING THIS APPLICATION

By signing below, I acknowledge that the information I have provided in this application is true and will be used to consider my residency at Miss Beverly's House. If I am accepted as a resident, I will sign an occupancy agreement as it relates to living in Miss Beverly's House. If my statements on this application are found to be untrue, I may be refused residency. I understand that by submitting this application, I am not guaranteed to be a resident of MBH.

I give my permission for the MBH owner to check the truthfulness of my statements and information I have provided.

Sign name below

Print name below

Today's Date
