

**SOJOURNER HOUSE MDMS  
APPLICANT SELF STATEMENT**

**5460 Penn Avenue  
Pittsburgh, PA 15206**

**Phone: 412-441-7783  
Fax: 412-441-3409**

*Please print all information clearly.*

Name \_\_\_\_\_ SS# \_\_\_\_\_

1. Why are you applying to Sojourner House MDMS?

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2. Why do you feel that you are a good candidate for this program?

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3. What do you believe are your strengths?

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4. Where do you see yourself two-three months from now?

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5. What do you need to have in order to move into permanent housing?

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Signature \_\_\_\_\_

Date \_\_\_\_\_