



**SOJOURNER HOUSE MOMS
SUPPORTIVE HOUSING PROGRAM**

APPLICANT SELF STATEMENT

**5524 Hays Street
Pittsburgh, PA 15206**

**Phone: 412-441-7783
Fax: 412-361-1214**

Please print all information clearly.

Name _____ SS# _____

1. Why are you applying to Sojourner House MOMS?

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

3. What do you believe are your strengths?

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

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

Signature _____ Date _____