

## Apartment Request Form

### Eligibility Requirements:

- Applicant must be undergoing active treatment for a blood cancer (leukemia, lymphoma, myeloma) at the Texas Medical Center (TMC).
- Applicant's permanent home address must be more than 50 miles from the TMC, or 25 miles for stem cell transplant patients with doctor's orders to be within 15 minutes of the hospital.
- Applicant and caregiver may stay in an apartment for a minimum of two weeks, and a maximum of two months.

Today's Date: \_\_\_\_\_

Date Apartment Needed: \_\_\_\_\_ Expected Length of Stay: \_\_\_\_\_

### **Patient's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Hospital: \_\_\_\_\_ Patient Number (MDA only): \_\_\_\_\_

Current Treatment is for:  Leukemia  Lymphoma  Myeloma

### **Social Worker's Information**

Social Worker's Name: \_\_\_\_\_ Social Worker Phone No: \_\_\_\_\_

### **Caregiver's Information:**

Caregiver's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Will a child be living in the apartment?  Yes  No Age? \_\_\_\_\_ (Note: There is a maximum of 1 child permitted to be living in the apartment.)

Comments:

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

**Please fax this completed application to 713-391-8365**

No smoking and no pets are permitted in the apartment at any time. Halo House reserves the right to refuse housing to patients who have a criminal background. Requests sent to Halo House are kept confidential, and by submitting this application, applicant agrees to the release of this information to Halo House staff or volunteers for purposes of placing an applicant in an apartment.

Fees: There is a one-time cleaning fee of \$75, a security deposit of \$100, and a monthly occupancy fee of \$600.