HOUSING APPLICATION

DATE: _____ / _____ / _____

NAME: _____ DOB: _____ / _____ / _____

TELEPHONE: (_____) _____ SSN: _____ - _____ - _____

EMAIL ADDRESS_____

ADDRESS: _____
CITY _____STATE: _____ ZIP _____
EMERGENCY CONTACT: _____TELEPHONE: (_____) _____
RELATIONSHIP: _____

DRIVER'S LICENSE OR ID NUMBER: _____ STATE: _____VALID LICENSE:
☐ YES ☐ NO VEHICLE MAKE AND MODEL: _____ TAG
NUMBER: _____ INSURANCE POLICY HOLDER:_____
POLICY NUMBER: _____

EDUCATIONAL INFORMATION

HIGH SCHOOL GRADUATE OR GED? ☐ YES ☐ NO HIGHEST GRADE COMPLETED _____
TECHNICAL/TRADE SCHOOL? ☐ YES ☐ PROGRAM OF STUDY
_____ COLLEGE GRADUATE? ☐ YES ☐ NO YEARS
COMPLETED _____

FAMILY INFORMATION

MARRIED/COHABITANT ☐ DIVORCED/SEPARATED ☐ SINGLE/NEVER MARRIED ☐
SPOUSE/SIGNIFICANT OTHER'S NAME _____
DO YOU HAVE CHILDREN? ☐ YES ☐ NO HOW MANY: _____
FATHERS NAME: _____ TELEPHONE: (_____) _____
DECEASED? ☐ YES ☐ NO

ADDRESS: _____

CITY _____STATE: _____ ZIP _____

HISTORY OF ABUSE (SUBSTANCE/PHYSICAL/EMOTIONAL)? ☐ YES ☐ NO

DESCRIBE

_____
_____
_____

MOTHERS NAME: _____ TELEPHONE: (_____) _____
DECEASED? ☐ YES ☐ NO
ADDRESS: _____
CITY _____STATE: _____ ZIP _____

LEGAL INFORMATION

PROBATION/PAROLE OFFICER: _____TELEPHONE: (_____) _____
CONVICTED OF A VIOLENT FELONY? ☐ YES ☐ NO
COMMITTED/BEEN CHARGED WITH ARSON? ☐ YES ☐ NO
COMMITTED/BEEN CHARGED WITH A SEXUAL OFFENSE? ☐ YES ☐ NO

DO YOU HAVE ANY OUTSTANDING OFFENSES? ☐ YES ☐ NO
LIST **ALL** CURRENT/PENDING CHARGES AND PAST CONVICTIONS INCLUDING SEXUAL OFFENDER'S ACT

_____
_____
_____
_____

FINANCIAL INFORMATION

ARE YOU ABLE TO WORK FULL TIME TO PAY FOR THE AGREEMENT FEES? ☐ YES ☐ NO
PHYSICAL CONDITIONS OR DISABILITY:
_____ ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO JOB SKILLS/TRADE: _____

EMPLOYER: _____ TELEPHONE: (_____) _____

HOW LONG EMPLOYED: _____ SALARY: $_____ PER_____
OTHER INCOME (EXPLAIN):
_____ MONTHLY EXPENSES:
_____ SOURCE OF WEEKLY PAYMENT: _____ ARE YOU COURT ORDERED TO PAY CHILD SUPPORT? ☐ YES ☐ NO AMOUNT $ _____
ARE YOU BEHIND ON CHILD SUPPORT PAYMENTS? ☐ YES ☐ NO
DO YOU PAY FEES/RESTITUTION? ☐ YES ☐ NO AMOUNT AND FREQUENCY _____

MEDICAL INFORMATION

LOCAL PHYSICIAN: _____ TELEPHONE: (_____) _____
CURRENT MEDICATIONS TAKEN (PLEASE EXPLAIN WHY):

_____
_____
_____
_____
_____

DO YOU HAVE A HISTORY OF OR HAVE YOU TESTED POSITIVE FOR?

SEIZURES? ☐ YES ☐ NO
DIABETES? ☐ YES ☐ NO
HYPERTENSION? ☐ YES ☐ NO
ANY DIAGNOSIS OF SCHIZOPHRENIA OR OTHER PSYCHOLOGICAL DISORDER? ☐ YES ☐ NO
HAVE YOU EVER BEEN INVOLUNTARILY COMMITTED TO INPATIENT OR OUTPATIENT CARE? ☐ YES ☐ NO

IF YES, REASON:

_____

HOSPITAL & DATES:

_____ HAVE YOU BEEN DIAGNOSED WITH A LEARNING DISABILITY? ☐ YES ☐ NO WHAT: _____
HAVE YOU EVER "HEARD VOICES"? ☐ YES ☐ NO IF YES, DATE OF LAST INCIDENT _____ HAVE YOU EXPERIENCED HALLUCINATIONS? ☐ YES ☐ NO IF YES, DATE OF LAST INCIDENT _____ ARE YOU SUICIDAL? ☐ YES ☐ NO

HAVE YOU EVER TRIED TO COMMIT SUICIDE OR ENGAGE IN SELF HARM? ☐ YES ☐ NO

IF YES, DATES _____

HAVE YOU EVER BEEN DIAGNOSED WITH BIPOLAR DISORDER? ☐ YES ☐ NO IF YES, WHICH TYPE? _____

HAVE YOU EVER BEEN A VICTIM OF A VIOLENT CRIME? ☐ YES ☐ NO

PLEASE EXPLAIN

_____

LIST CURRENT PRESCRIBED OR OVER THE COUNTER DRUGS AND REASON FOR TAKING (ATTACH ADDITIONAL SHEET IF NECESSARY)

DRUG NAME DOSAGE & TIME REASON

_____
_____
_____
_____
_____
_____

ADDICTION

DRUG OF CHOICE (*List Alcohol*):

_____

SOBRIETY DATE: _____ / _____ / _____

DO YOU CONSIDER YOURSELF AN ALCOHOLIC OR AN ADDICT? ☐ YES ☐ NO
ON A SCALE OF 1 TO 10, HOW SERIOUS OF A PROBLEM DO YOU THINK YOU HAVE WITH DRUGS OR ALCOHOL? (*CIRCLE ONE*) **NO PROBLEM** 1 2 3 4 5 6 7 8 9 10 **VERY SERIOUS**

ON A SCALE OF 1 TO 10, HOW MOTIVATED ARE YOU TO MAKE CHANGES IN YOUR LIFE AT THIS TIME? (*CIRCLE ONE*) **NOT MOTIVATED** 1 2 3 4 5 6 7 8 9 10 **VERY MOTIVATED**

HAVE YOU BEEN TESTED FOR TB HEPATITIS HIV/AIDS? ☐ YES ☐ NO IF YES, RESULTS?

_____

SUBSTANCE ABUSE INFORMATION

PLEASE LIST, IN ORDER OF PREFERENCE, ALL DRUGS USED PAST AND PRESENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.

DRUG AGE AT FIRST USE AMOUNT USED DATE OF LAST USE

_____
_____
_____
_____

ARE YOU CURRENTLY ATTENDING 12 STEP MEETINGS? YES ☐ NO ☐ HOW MANY PER WEEK? _____ DO YOU HAVE A SPONSOR? ☐ YES ☐ NO
SPONSOR: _____ TELEPHONE: (_____) _____
ARE YOU WORKING OR WILLING TO WORK THE 12 STEPS? ☐ YES ☐ NO

HAVE YOU EVER BEEN IN A TREATMENT PROGRAM? ☐ YES ☐ NO
NAME: _____ LOCATION _____ DATE _____

LENGTH OF STAY _____ DID YOU COMPLETE THE PROGRAM? ☐ YES ☐ NO

HAVE YOU EVER LIVED IN A SOBER HOME? ☐ YES ☐ NO

NAME: _____ LOCATION _____ DATE _____

REASON FOR LEAVING

_____
_____

☐ **I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial of this agreement.**

NAME: _____ DATE _____