

2726 Bryant Ave House
Application

Name: _

Date: _

Current Street Address: (Closest relative address or housing program)

Cell Number: _

What is your Drug of Choice?

Work number: _

Date of last use: _

How many meetings will you attend per week/list your meetings? _

Who is your employer: _

Are you getting welfare/ GA/ or any other income? _

What is your monthly income? _

Expected monthly income: _

Marital Status: _

Do you take prescriptions: _

Do you have a sponsor? _

Steps Completed: _

Date you would like to move in: _

Emergency contact information

Name	Relationship	Phone number 1.
1.)		
2.		
3.		
I understand that 2726 Bryant Ave house to which I am applying for residency has been established in compliance with the conditions of 2036 of the federal anti drug abuse end of 1988, P. L. 100-690, as amended, which provides that the house requires the house residence to (A) prohibit all residents from using any alcohol or illegal drugs, (B) expel any resident who violates such prohibition, (C) equally share household expenses including the monthly lease payments, among all residents, and (D) utilize democratic decision making within the group including inclusion in and expulsion from the group. In accepting these terms, the applicant excludes himself or herself from the normal due process afforded by local landlord-tenant laws.		

I have read all of the materials in this application including the limitations set forth in the preceding paragraph, 2726 Bryant Ave house's expectations and responsibilities, and I have also answered each question honestly and am committed to a life of recovery from alcohol and or drug addiction..

Applicant Signature: _

Date: _

Office Use Only

Accepted (If applicable)	Not Accepted	Move in date	Move out date
(If applicable) Sobriety Deposit Collected (Y / N)		Date	
First Month Bed Fee Collected (Y / N) Date			
