



# Christ Satisfies Transitional Housing

4000 Washington Street NE  
Columbia Heights, MN 55421

Information: 612.655.2887

E-mail: [ChristSatisfiesHousing@gmail.com](mailto:ChristSatisfiesHousing@gmail.com)

Website: [www.christsatisfieshousing.com/](http://www.christsatisfieshousing.com/)

## SOBER LIVING APPLICATION

This application is not an approval to move in. It is intended to evaluate your suitability as a guest in our sober living home. We provide equal opportunities to all persons and do not discriminate on the basis of race, color, religion, national origin, citizenship, disability, veteran status. However, we are not a medical facility.

Being a guest in our sober living facility may be contingent upon completion of a drug screening and/or reference check.

### Personal Information

Are you clean and sober now: YES \_\_\_\_\_ NO \_\_\_\_\_ How long have you been clean and sober: \_\_\_\_\_ months?

Drug(s) of choice: \_\_\_\_\_

How many treatment programs have you attended? \_\_\_\_\_ How many months total have you spent in treatment? \_\_\_\_\_

What was the most recent treatment facility you attended? \_\_\_\_\_

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

Phone Home: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Cell: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Work: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed Children? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

### Please list an emergency contact person

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

Phone Home: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Cell: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Work: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

### Current Employment

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

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

Position \_\_\_\_\_ Supervisor: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

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

Position \_\_\_\_\_ Supervisor: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please answer the following questions**

Do you have a driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you been convicted of a violent or sexual crime within the past ten years? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Probation or Parole**

Are you in drug court, on probation, parole or obligated to restitution of any kind? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, provide name and phone number of supervising officer and/or court (this does not mean we will be calling your agent for any additional information):

(1) Name: \_\_\_\_\_ Department: \_\_\_\_\_ Number: \_\_\_\_--\_\_\_\_--\_\_\_\_

**References / Family and Friends**

(1) Family First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Ph# Home: \_\_\_\_--\_\_\_\_--\_\_\_\_ Cell: \_\_\_\_--\_\_\_\_--\_\_\_\_ Email: \_\_\_\_\_

(1) Friend First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Ph# Home: \_\_\_\_--\_\_\_\_--\_\_\_\_ Cell: \_\_\_\_--\_\_\_\_--\_\_\_\_ Email: \_\_\_\_\_

**Medication**

Please use this space to list all medications you are taking, the prescribing doctor and their phone number. Use additional paper if more space is needed.

(1) Medication: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_--\_\_\_\_--\_\_\_\_

(2) Medication: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_--\_\_\_\_--\_\_\_\_

(3) Medication: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_--\_\_\_\_--\_\_\_\_

(4) Medication: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_--\_\_\_\_--\_\_\_\_

(5) Medication: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_--\_\_\_\_--\_\_\_\_

### Special Information

Please list any special information (example: 3rd shift worker, pet allergies or any other relevant information). Use additional paper if more space is needed.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

### CERTIFICATION AGREEMENT

(initial) \_\_\_\_ I agree my stay is conditional. If asked to leave, I will within 24 Hours and without claims to compensation.

(initial) \_\_\_\_ I agree I am a guest in the sober living home. I agree I do not have tenant rights.

(initial) \_\_\_\_ I agree to pay my monthly guest fee in advance.

(initial) \_\_\_\_ I agree house managers/owners/operators/directors have the right to change rules as necessary.

(initial) \_\_\_\_ I agree this application is true and complete to the best of my knowledge.

(initial) \_\_\_\_ I agree falsification or misrepresentation will be cause to suspend my guest status.

(initial) \_\_\_\_ I agree if I perpetrate any of the following acts I will be asked to leave within a period of 24 hours or less.

(initial) \_\_\_\_ I agree not to carry or possess a gun or other weapons on the property.

(initial) \_\_\_\_ I agree not to carry or possess any illicit drugs or alcohol on the property.

(initial) \_\_\_\_ I agree not to threaten to harm any person.

(initial) \_\_\_\_ I agree not to blackmail or extort other guests or staff.

(initial) \_\_\_\_ I agree not to refuse to take a drug test.

\_\_\_\_\_  
\_\_\_\_\_  
I have read and reviewed the information provided in this application and the above statements.

I understand that by signing my name on the signature line below and submitting this application via fax, email, mail or hand delivery, I certify that I understand all parts of it and have answered all questions completely and truthfully.

### THE APPLICANT

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

**DIRECTIONS:** Please sign and return this application:

✚ IN PERSON

✚ SCAN & EMAIL TO: ChristSatisfiesHousing@gmail.com

✚ FAX 763-535-9500