



Christ Satisfies Transitional Housing

4000 Washington Street NE
Columbia Heights, MN 55421

Information: 612.655.2887

E-mail: ChristSatisfiesHousing@gmail.com

Website: 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