

ROBBINS HOUSE, LLC
RESIDENT APPLICATION

**** PLEASE READ DISCLOSURE STATEMENT AT THE END BEFORE COMPLETING****

APPLICANT INFORMATION

NAME: _____ DATE: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

CURRENT ADDRESS:

PREVIOUS ADDRESS:

REFERRED BY: _____

NAME OF EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE: _____

DO YOU HAVE A VALID DRIVER'S LICENSE: YES / NO

DO YOU HAVE A VEHICLE IN YOUR NAME OR ANOTHER PERSON'S NAME: YES / NO

IF YES, MAKE, MODEL, COLOR AND YEAR OF VEHICLE:

IF YES, DO YOU HAVE INSURANCE FOR THE VEHICLE: YES / NO

IF YOU INTEND TO DRIVE AND/OR KEEP A VEHICLE AT THE PREMISES A VALID DRIVER'S LICENSE, REGISTRATION AND PROOF OF INSURANCE MUST BE SHOWN

EMPLOYEMENT INFORMATION

ARE YOU EMPLOYED: YES / NO IF YES, DATE OF EMPLOYMENT: _____

PLACE OF EMPLOYMENT: _____

ADDRESS: _____

PHONE: _____ HOURS WORKED PER WEEK: _____

MONTHLY INCOME: _____

ARE YOU OR WILL YOU BE RECEIVING ANY WELFARE, PENSION, UNEMPLOYMENT, SOCIAL SECURITY, FOOD STAMPS, SICK LEAVE, CHILD SUPPORT OR ANY OTHER CONSISTENT FORM OF INCOME: YES / NO

IF YES, FROM WHAT: _____

AMOUNT PER MONTH: _____

IF NO, WHO WILL SPONSOR YOUR RENT FOR THE FIRST 60 DAYS:

NAME: _____ RELATIONSHIP: _____

MEDICAL INFORMATION

CURRENT TREATMENT PROVIDERS: AGENCY, REHABS, COUNSELORS, DOCTORS?

MEDICATIONS: NAMES, DOSAGES, AND PRESCRIBING PHYSICIANS?

LIST ALL HOSPITALIZATIONS: INCLUDE ANY OVERDOSES AND DATES?

CRIMINAL INFORMATION

LIST ANY ADULT / JUVENILE OFFENSES:

ARE YOU CURRENTLY ON PROBATION/PAROLE: YES / NO

IF YES, STATE & COUNTY: _____ CHARGE: _____

PROBATION/PAROLE OFFICER: _____

PHONE NUMBER: _____

ARE YOU A REGISTERED SEX OFFENDER: YES / NO

RECOVERY INFORMATION

EXPLAIN REASONS FOR SEEKING A RECOVERY RESIDENCE:

HAVE YOU LIVED IN ANY RECOVERY/SOBER RESIDENCE BEFORE: YES / NO

IF YES, WHERE & HOW LONG: _____

IF YES, REASON FOR LEAVING: _____

IF YES, DID YOU RECEIVE ANY GRANT FUNDING: YES / NO

WHAT IS YOUR SUBSTANCE(S) OF CHOICE?

HOW LONG HAVE YOU BEEN CLEAN AND SOBER FROM USING?

HOW LONG WERE YOU IN ACTIVE ADDICTION? _____

DO YOU HAVE A 12 STEP RECOVERY SPONSOR: YES / NO

IF YES, WHO: _____ PHONE: _____

DO YOU CURRENTLY ATTEND 12 STEP RECOVERY MEETINGS: YES / NO

IF YES, HOW MANY A WEEK: _____

DESCRIBE YOUR CURRENT RECOVERY GOALS?

WHAT HAVE YOU DONE WITH RECOVERY THAT HAS BEEN SUCCESSFUL?

WHAT HAVE YOU DONE WITH RECOVERY THAT HAS NOT BEEN SUCCESSFUL?

PLEASE PROVIDE THREE REFERENCES: (FRIENDS, FAMILY, SPONSORS, ETC.)

NAME

RELATIONSHIP

PHONE

*** I VERIFY THAT ALL INFORMATION PROVIDED AS PART OF THIS APPLICATION IS TRUTHFUL AND ACCURATE. I ALSO UNDERSTAND THAT FAILURE TO DISCLOSE CORRECT INFORMATION COULD LEAD TO MY DISQUALIFICATION.

SIGNATURE OF APPLICANT

DATE

PRINT FULL NAME

ROBBINS HOUSE, LLC
TERMS AND CONDITIONS

I AUTHORIZE ROBBINS HOUSE, LLC PERMISSION TO CONDUCT A PERSONAL INVESTIGATION INCLUDING, BUT NOT LIMITED TO: CREDIT REPORTS, EMPLOYMENT/VERIFICATION, REFERENCE CHECKS, LAW ENFORCEMENT AUTHORITIES, CRIMINAL BACKGROUND CHECKS, AND DRUG SCREEN CHECK. I HAVE READ, UNDERSTAND, AND ANSWERED ALL QUESTIONS HONESTLY. I UNDERSTAND THAT IF ACCEPTED INTO THE ROBBINS HOUSE, I AGREE TO THE TERMS IN EACH ITEM INCLUDING THE WAIVER OF ANY LANDLORD-TENANT RIGHTS I MAY HAVE WITH REPECT TO RESIDENCY IN ANY HOUSING OF THE ROBBINS HOUSE, LLC PROGRAM. I HAVE VOLUNTARY CHOSEN TO RESIDE AS A RESIDENT IN A DISCIPLINED ENVIRONMENT AND PROMISE TO LEAD A "CLEAN, LAW ABIDING LIFE, FREE OF ALCOHOL AND SUBSTANCE USE" BY ADHEREING TO THE HOUSE RULES. I UNDERSTAND THAT I MUST RETURN ANY BELONGS OF ROBBINS HOUSE, LLC AND INFORM HOUSE MANAGEMENT OF MY FORWARDING ADDRESS TO CONFIRM THAT I AM NO LONGER A RESIDENT OF THE ROBBINS HOUSE, LLC. I UNDERSTAND THAT THE ROBBINS HOUSE, LLC IS SIMPLY A SOBER LIVING FACILITY CONDUCIVE TO RECOVERY. NEITHER TREATMENT NOR THERAPY OF ANY SORT IS PROVIDED. HOWEVER, I WILL SEEK THOSE SERVICES NEEDED IN THE COMMUNITY. **THERE ARE NO REFUNDS.**

COMPLETED FORMS CAN BE MAILED TO ROBBINS HOUSE, LLC, PO BOX 411, YOUNGSTOWN, OH 44501 OR EMAILED TO: katjuly8@gmail.com

SIGNATURE OF APPLICANT

DATE

PRINT FULL NAME