**Please Fill Out All Information**

**Applicant**: Last Name First Name Middle Name Home/Cell Phone #

**Social Security #** Date of Birth D**river’s License or ID #**

**Do You Have A Vehicle?** Status of License? License Plate #

**Do you have Children? # Of Children Ages of Children?**

Are you paying Child Support? Are you in the Process of Reunification?

**Emergency Contact Name** Phone # Address Relationship

**2nd Contact** **Name** Phone # Address Relationship

**Demographic Questions These are not required but allow Reliable Enterprises Anderson Recovery Residence to develop training & services to minority populations.**

What is your Race? Ethnicity? Religious Affiliation?

Veteran Status? Sexual Orientation? Marital Status?

Primary Language? Do you have a Disability?

**Criminal Convictions**

Do you have any criminal convictions? YES / NO Do you have any current charges? YES / NO

If Yes, Explain: If Yes, Explain:

Have you been arrested for a Violent OR Sexual Offense? YES / NO Have you ever Violated Parole? YES / NO

If Yes, Explain: If Yes, Explain:

Do you have Court Fines? YES / NO Are you currently on Supervision? YES / NO

If Yes, Explain: If Yes, Explain:

**Current Address:**

Circle one: RENT/OWN RELATIVE TREATMENT SHELTER PRISON/JAIL HOMELESS TRANSITIONAL HOUSING FAMILY

Street City **Landlord Name Landlord Phone #**

From To Monthly Payment

**Previous Address**

Circle One: RENT/OWN RELATIVE TREATMENT SHELTER PRISON/JAIL HOMELESS TRANSITIONAL HOUSING FAMILY

Street City **Landlord Name Landlord Phone #**

From To Monthly Payment

**Current Employment or Source of Income**

YEARLY INCOME: Circle One: $0-$10,000 $10,000-$20,000 $20,000-$30,000 $30,000-$40,000 $40,000-$50,000 $50,000+

Business Name Address City State Zip

Position **Supervisor Name Phone #**

**Any Other Sources of Non-Cash Benefits?**

Circle One: WIC TANF Food Stamps (SNAP) HEN Payee Services Housing Voucher & Assistance Other (Please Describe):

**Are You Willing and Capable of Working 40 hours a week of Employment?** YES / NO

If Yes, What are your desired employment goals?

**Alcohol & Drug Usage**

|  |  |  |  |
| --- | --- | --- | --- |
| **Substance** | **Frequency of Use** | **Length of Use** | **Route: (Oral, Smoke, Inhaled, Injected, etc.)** |
| **Alcohol** |  |  |  |
| **Marijuana** |  |  |  |
| **Meth** |  |  |  |
| **Heroin** |  |  |  |
| **Pharmaceuticals****List: \_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |

**Recovery Process**

Treatment Centers Attended Address City State Zip

Treatment Centers Attended Address City State Zip

Are You Willing to Attend 12-Step Recovery Meetings: Are You Willing to get a Sponsor?

YES / NO YES / NO

How Many Attempts Have You Made To Remain Sober? Most Sober Time Attained?

Are You Willing To Assist Others in the Residence Remain Sober? Are You Utilizing Medically-Supported Treatment? I.E. Suboxone

YES / NO Methadone?

 YES / NO

Please Describe Why You Are Seeking Anderson Recovery Residence?

Please Describe Where You Are In Your Recovery Process?

What Do You Do To Stay Sober? Please Provide A Thorough Summary.

How Did You Hear about Anderson Recovery Residence?

**Rent is due on the 1st day of each month. If not received in full by the 5th of each month, there will be a $25.00 late fee plus $1.00 per day after due date.**

**All rents must be paid by check, voucher, or money order only. Make checks payable to Reliable Enterprises.**

In Compliance with the fair credit reporting laws, you are advised that a screening will be conducted regarding the information listed on this application and your character, general reputation and rental history. You are also advised that we will be running a Washington State Patrol background check. By signing this application, you authorize us to obtain credit reports, criminal report, rental, employment and income verification, bank information and character information as necessary.

**I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.**

**Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**