Peace of Life Homes

RESIDENT APPLICATION FORM

Confidential — This application is reviewed solely by the operator for residency consideration. Information will not be shared without your written consent.

I. Personal Information

FULL LEGAL NAME

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

CURRENT ADDRESS

CITY

STATE

ZIP

EMERGENCY CONTACT — NAME & RELATIONSHIP

EMERGENCY CONTACT PHONE

ALTERNATE PHONE

II. Recovery History

SOBRIETY DATE / CLEAN DATE

PRIMARY SUBSTANCE OF CONCERN

HAVE YOU PREVIOUSLY RESIDED IN A RECOVERY RESIDENCE OR SOBER LIVING HOME?

☐ Yes ☐ No

IF YES, WHERE AND WHEN?

HAVE YOU COMPLETED A TREATMENT PROGRAM? (INPATIENT, IOP, PHP, DETOX)

☐ Yes ☐ No

IF YES, NAME OF PROGRAM AND APPROXIMATE DISCHARGE DATE:

DO YOU HAVE A CURRENT SPONSOR OR RECOVERY MENTOR?

☐ Yes — Name: ☐ No

WHAT RECOVERY MEETINGS DO YOU CURRENTLY ATTEND? (AA, NA, SMART, CELEBRATE RECOVERY, ETC.) HOW OFTEN?

ARE YOU CURRENTLY WORKING WITH A COUNSELOR, THERAPIST, CASE MANAGER, OR PROBATION/PAROLE OFFICER?

☐ Yes — Name/Agency: ☐ No

III. Medical & Mental Health

DO YOU HAVE ANY MEDICAL CONDITIONS REQUIRING ONGOING TREATMENT OR MEDICATION?

☐ Yes — Describe: ☐ No

LIST ALL CURRENT MEDICATIONS (PRESCRIBED AND OVER-THE-COUNTER):

DO YOU HAVE ANY MENTAL HEALTH DIAGNOSES FOR WHICH YOU ARE CURRENTLY RECEIVING TREATMENT?

☐ Yes ☐ No

ARE YOU CURRENTLY PRESCRIBED MAT (MEDICATION-ASSISTED TREATMENT) SUCH AS SUBOXONE, METHADONE, OR VIVITROL?

☐ Yes — Medication: ☐ No

> Peace of Life Homes does not discriminate based on MAT status. Medications must be stored securely and taken only as prescribed. We reserve the right to verify prescriptions.

IV. Legal History

DO YOU HAVE ANY PENDING LEGAL MATTERS OR COURT DATES?

☐ Yes — Describe: ☐ No

ARE YOU CURRENTLY ON PROBATION, PAROLE, OR ANY FORM OF SUPERVISED RELEASE?

☐ Yes — Officer/Agency: ☐ No

> A criminal history does not automatically disqualify you. We review each application individually. Certain violent or sex offenses may affect eligibility due to the communal nature of the residence.

V. Employment & Financial

CURRENT EMPLOYMENT STATUS

EMPLOYER NAME (IF APPLICABLE)

MONTHLY INCOME (APPROXIMATE)

OTHER SOURCES OF INCOME (SSI, SSDI, VA BENEFITS, FAMILY SUPPORT, ETC.):

DO YOU HAVE A BANK ACCOUNT OR PREPAID DEBIT CARD FOR RENT PAYMENTS?

☐ Yes ☐ No — CashApp or Money Order accepted

VI. Personal Statement

IN YOUR OWN WORDS, WHY ARE YOU SEEKING RECOVERY HOUSING AT THIS TIME?

WHAT ARE YOUR GOALS FOR THE NEXT 90 DAYS?

WHAT DOES A SUCCESSFUL RECOVERY LOOK LIKE TO YOU?

VII. References

Please provide two personal or professional references (not family members).

Reference 1 — Name & Relationship	
Phone	
How long have they known you?	
Reference 2 — Name & Relationship	
Phone	
How long have they known you?	

VIII. Applicant Acknowledgement

By signing below, I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in denial of residency or immediate discharge. I understand that submission of this application does not guarantee residency. I agree to participate in a phone or in-person interview as part of the application review process.

APPLICANT SIGNATURE

DATE

PRINTED NAME

Peace of Life Homes | 804-640-8880 | peaceoflifehomes.com
Application reviewed within 48 hours of submission.