

## *Millie's House of Hope* *Application For Residency*

The first step in becoming a potential resident of Millie's House of Hope is to fill out this application. You can print this application and bring it with you for your interview. Please do not submit this application to Millie's House of Hope through the mail. However, you must have this application at the time of your interview.

1. Print: First middle and last name.  
\_\_\_\_\_
2. Present address: City, State, Zip  
\_\_\_\_\_
3. Date of birth.  
\_\_\_\_\_
4. Phone number where you can be reached.  
\_\_\_\_\_
5. Are you addicted to alcohol or drugs?    Yes    No  
\_\_\_\_\_
6. Date of last alcohol or drug use  
\_\_\_\_\_
7. Have you ever been to a treatment facility for alcoholism or drug addiction?    Yes    No  
If yes, list the treatment provider including phone number and primary counselor.  
\_\_\_\_\_
8. Are you employed?    Yes    No  
If yes, name of your employer and your supervisor's name and phone number.  
\_\_\_\_\_
9. Are you getting assistance from the county or other non-job-related income?    Yes    No  
If yes, what type of assistance and how much do you receive monthly?  
\_\_\_\_\_
10. What is your monthly income right now?  
\_\_\_\_\_
11. If you do not have a job, will you be looking for work?    Yes    No  
If yes, what job plans do you have?  
\_\_\_\_\_
12. Marital status    Married    Not Married    Single/Separated    Divorced
13. Do you take prescription drugs?    Yes    No  
If yes, list all prescribed medications and the reason they were prescribed.  
\_\_\_\_\_

14. Please explain why you are applying with Millie's House of Hope?

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15. What are your plans for the next year?

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16. Explain how we can best help you achieve your goals if you are accepted into Millie's House of Hope.

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17. If accepted, when is your anticipated move-in date? \_\_\_\_\_

18. Please list emergency telephone numbers of family members or friends that we can contact on your behalf if necessary.

- 1.
- 2.
- 3.

**19. I fully understand that Millie's House of Hope, to which I am applying for residency, has been established in compliance with the conditions of subsection 2036 of the federal anti-drug abuse act of 1988 P. L. 100- 690, as amended which provides that federal money loaned to start the house requires the house residence to (A) prohibit all residents from using alcohol or illegal drugs, (B) expel any resident who violates such prohibition, (C) equally shared household expenses including monthly lease payments among all residents, and (D) utilize democratic decision making within the group including inclusion and expulsions from the group. And accepting these terms the applicant understands that subsection 2036 conditions are different than the normal due process afforded by some local landlord dash tenant laws**

**20. I have answered each question honestly and want to achieve a comfortable recovery from alcoholism and or drug addiction without relapse, or I will be removed from the residence of Millie's House of Hope.**

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First, Last Name

Date

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Signature