

**TENANCY APPLICATION**

Today's date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Last address \_\_\_\_\_  
 \_\_\_\_\_  
 Marital Status \_\_\_\_\_

Phone where you can be reached: \_\_\_\_\_  
 Ok to Leave a Message? YES / NO  
 Name of current contact: \_\_\_\_\_  
 DL or ID # \_\_\_\_\_  
 Expiration date \_\_\_\_\_  
 Do you have a vehicle? YES / NO  
 License plate # \_\_\_\_\_  
 Status of Driver's License? \_\_\_\_\_

Gender: Male / Female  
 Are you pregnant? YES / NO  
 Veteran? YES / NO  
 Do you have children? YES / NO  
 Ages: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Are you paying Child Support? YES / NO  
 Are you in the process of family reunification?  
 YES / NO

Current Living Situation (underline one):  
 Homeless Shelter Detox Jail/Prison Family  
 Rental Housing Transitional Living Other Facility  
 Anticipated Release Date: \_\_\_\_\_

Emergency Contact Information  
 Name \_\_\_\_\_  
 Phone \_\_\_\_\_

Are you interested in receiving mail from a mentor  
 while you are incarcerated? YES / NO  
 Relation \_\_\_\_\_  
 Address \_\_\_\_\_

Please circle your income range: \$0 - \$10,800 \$10,801-24,000 \$24,001-50,000 \$50,000-75,000

**LEGAL HISTORY:**

Do you have current charges? YES / NO  
 If yes, what are they and when is your next court date? \_\_\_\_\_

Have you ever been arrested for any sex crimes? YES / NO  
 If yes, explain: \_\_\_\_\_

Have you ever violated parole? YES / NO  
 Reason for Violation: \_\_\_\_\_

Are you currently on or will you be on supervision? YES / NO  
 Agency: \_\_\_\_\_ PO Name \_\_\_\_\_  
 Phone: \_\_\_\_\_ Office Location \_\_\_\_\_

Do you have court fines? YES / NO  
 If yes, how much? \_\_\_\_\_

Have you ever been convicted of any violent, sexual or arson related crimes? YES / NO

List arrests, convictions, sentences, prior prison or jail commitments and probation history.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ALCOHOL AND DRUG USE**

Do you have an addiction to drugs and/or alcohol? YES / NO

Substance	Frequency of Use	Age Started	Age Stopped	Route (oral, smoke, inhaled, injected, other)
Alcohol				
Marijuana				
Methamphetamine				
Heroin				
Spice/Molly				
Pharmaceuticals (list) _____ _____ _____				

Drug of choice \_\_\_\_\_

List names and dates of all treatment programs, Shelters, Domestic Violence shelters and Halfway Houses attended and length of stay \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to attend 12-step Recovery Meetings each week? YES / NO  
If yes, are you willing to work with a 12-step sponsor? YES / NO

How many attempts have you made to get clean and sober in the past? \_\_\_\_\_  
Most clean/sober time attained? \_\_\_\_\_

Do you have any plans for aftercare or outpatient programs while living at Truly Motivated YES / NO  
If Yes, Explain \_\_\_\_\_

**EMPLOYMENT HISTORY**

Are you currently employed? YES / NO  
If Yes, Employer \_\_\_\_\_  
If No, Date of Last Employment? \_\_\_\_\_

Please list the different types of jobs you've had in the last 5 years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing (YES / NO) and capable (YES / NO) of working 40 hours a week of employment?

What are your desired employment goals (Type of work, pay, etc)? What do you ENJOY doing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY**

When you did you last see a medical doctor? \_\_\_\_\_ Reason: \_\_\_\_\_

Do you currently have health insurance? YES / NO

Are you currently being treated for any physical medical conditions? YES / NO  
If yes please describe \_\_\_\_\_

Are you currently or will you be seeing a mental health professional? YES / NO  
If yes please explain \_\_\_\_\_

Are you on any prescribed medication? YES / NO  
Please list prescriptions \_\_\_\_\_  
\_\_\_\_\_

Have you been hospitalized in the last five years? YES / NO  
If yes, please describe \_\_\_\_\_

Have you ever attempted suicide? YES / NO Date of incident? \_\_\_\_\_

**FINANCIAL INFORMATION**

Are you able to afford the Truly Motivated's monthly rental fee? YES / NO  
If no, What plans do you have for assistance until you are able? \_\_\_\_\_  
\_\_\_\_\_

Do you currently have or will you have financial commitments that may cause difficulties in paying the rental fee? YES / NO  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you currently receive disability or other benefits? YES / NO  
If yes are you willing to do volunteer work? YES / NO

**PHYSICAL INFORMATION**

Do you have any physical challenges that might interfere with either your employment or your ability to perform basic household chores? YES / NO  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

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I understand that an application does not guarantee housing or availability. By signing below I provide Truly Motivated Transitional Living authorization to share, verify and discuss any information included in this application with legal, medical and funding agencies. I understand Truly Motivated values my privacy and will take steps necessary to protect and secure my private information.

Sign \_\_\_\_\_ Date \_\_\_\_\_

**All information on this application is true to the best of my ability**

Client Name (Print) \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**RESIDENT BIO**

Name \_\_\_\_\_ Date \_\_\_\_\_

Please give a brief summary of why you want to make Truly Motivated your choice in a clean and sober living environment. We would love to hear how we can assist you in your recovery and your plans for your future. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What abilities do you think you possess that will help you be successful at Truly Motivated?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What actions do you think you will need to take in order to accomplish the goal of independent living:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Truly Motivated? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired Move In Date? \_\_\_\_\_

**APPLICATION PROCESS:**

- 1.COMplete APPLICATION AND SUBMIT FORM BY FAX, MAIL OR EMAIL
- 2.COMplete INTERVIEW
- 3.IF APPROVED, ARRANGE TIME AND DATE OF ARRIVAL

FOR OFFICE USE ONLY

INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_ OUTCOME \_\_\_\_\_  
MOVE IN DATE \_\_\_\_\_ HOUSE # \_\_\_\_\_ TRANSPORTATION? YES / NO