

## Shoreline Living Solutions Housing Application

Please complete both sides of this application. After completing the application, please call (203) 903-5523 to schedule an appointment for an interview and fax the application to: (475) 227-2692

Please print:

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
 Last Name                      First Name                      MI                      MM/DD/YYYY

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

\_\_\_\_\_  
 Present Address    City                      State                      Zip

**Race: (Primary)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Don't know
- Native Hawaiian or Pacific Islander
- Other
- White
- Refused

**Ethnicity:**

- Don't Know
- Hispanic or Latino
- Non-Hispanic or Non- Latino
- Refused

**Military Veteran Status:**

- Yes
- No
- Don't Know
- Refused

**Marital Status:**

- Married
- Never Married
- Separated
- Divorced

**Emergency Contact Information:**

Name and Address	Relationship	Telephone
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

**Carefully read the following questions and answer honestly.**

- 1) Are you in recovery from alcoholism?  
 Yes                       No  
 If yes, date of last drink: \_\_\_\_\_
  
- 2) Are you in recovery from drug addiction?  
 Yes                       No  
 If yes, date of last drug use: \_\_\_\_\_
  
- 3) What drugs are you recovering from? \_\_\_\_\_
  
- 4) Do you attend AA/NA or self-help support groups?  
 Yes                       No  
 If yes, how many AA/NA or self-help support groups do you attend per week? \_\_\_\_\_

- 5) Do you want to stop using addictive drugs and drinking alcohol?  
 Yes  No
- 6) Are you employed?  
 Yes  No  
 If yes, who is your employer? \_\_\_\_\_  
 If no, what job plans do you have? \_\_\_\_\_
- 7) Highest level of education completed?  
 Haven't graduated high school  GED  High School Graduate  Some College  Associates  Bachelor's  Master  Doctoral  
 Plans on returning to school? \_\_\_\_\_
- 8) Are you getting welfare or other non-job-related income?  
 Yes  No  
 If yes, what type? \_\_\_\_\_  
 DSS Worker's Name: \_\_\_\_\_ Case #: \_\_\_\_\_
- 9) What is your monthly income right now? \$ \_\_\_\_\_
- 10) What do you expect your monthly income to be next month? \$ \_\_\_\_\_
- 11) Do you currently have any legal issues pending?  
 Yes  No  
 If yes, what type? \_\_\_\_\_
- 12) Are you currently on probation or parole?  
 Yes  No  
 If yes, which and why? \_\_\_\_\_
- 13) Are you currently on the sex offender registry?  
 Yes  No  
 If yes, what type and duration? \_\_\_\_\_
- 14) Do you have a medical doctor?  
 Yes  No  
 If yes, when? If yes, list doctor's name and address:  
 \_\_\_\_\_
- 15) Have you ever been to a treatment facility for alcoholism and/or drug addiction?  
 Yes  No  
 If yes, list the treatment facility, phone number and primary counselor, if within the last 3 months (you may be asked to sign a release of information to provide SLS information regarding your treatment program):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 16) Do you take prescription drugs?  
 Yes  No  
 If yes, list drug(s) and reason(s) the drug(s) is/are being prescribed: \_\_\_\_\_  
 \_\_\_\_\_
- 17) If accepted into housing with Shoreline Living Solutions, how soon do you want to move in?  
 Immediately  Other

I realize that the Recovery House to which I am applying for residency has been established in compliance with the conditions of **§2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690**, as amended, requires the house residents to remain abstinent from drugs and alcohol. I realize that I can be expelled from the house that I become a member of, if for some reason I return to using drugs and alcohol and/or if my behavior is such that it compromises the moral integrity of the house. I also realize that at such time that I am expelled; I will have 30 minutes to remove my personal belongings from the house or make arrangements to come back for them.

I have completed this application and have answered questions honestly and to the best of my ability. I agree that if I am accepted into Shoreline Living Solutions. I accept the terms of this application and the terms of the rules and policies of Shoreline Living Solutions, and I have made a commitment to achieve sobriety and recovery from alcoholism and/or drug addiction without relapse. In accepting these terms, the applicant understands that **§2036** conditions are different than the normal due process afforded by some local landlord-tenant laws.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Office Use Only:

Accepted  Not Accepted

Amount Paid \_\_\_\_\_ Amount Due \_\_\_\_\_

Move in Date \_\_\_\_\_ Move out Date \_\_\_\_\_

House Keys Returned  Yes  No Outstanding debt owed to house \$ \_\_\_\_\_

Date Repaid \_\_\_\_\_

