

Please return completed application to David Brady 2004 St. Denis Ave. Norfolk VA 23509 or via email to ffhva@outlook.com For more information please call 757-724-2273

1. Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth: Month \_\_\_\_\_\_\_\_\_\_Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Phone number where you can be reached. No [] Yes [] If yes (\_\_\_\_) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If currently incarcerated or in a treatment facility, when is your scheduled release date? \_\_\_\_\_\_\_\_\_\_\_
3. Have you ever been to a treatment facility for alcoholism and/or drug addiction? Yes [] No []

If yes where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you take prescription drugs? If “yes” list drugs and reason the drug has been prescribed.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are you currently on probation or parole? If so, what are your terms and conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you required by law to register as a sex offender? Yes [] No []
3. Are you an Alcoholic? Yes\_\_\_\_ No\_\_\_\_
4. Date of your last drink? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Are you addicted to drugs? Yes\_\_\_\_ No\_\_\_\_\_
6. Date of last drug use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. List drugs you used addictively:

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

1. Are you employed? Or if incarcerated what job skills do you possess? What type of work will you be looking for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are you currently receiving or plan on receiving any government funded monies or disability (SSI)?

Yes [] No [] If yes please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a Virginia Id or driver’s license and social security card or birth certificate? (you must have at least an ID and Social Security card to work and be accepted into the house)
2. Relationship Status. Please explain how this person will be involved in your life change.

 Married\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_Dating \_\_\_\_\_\_

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

1. Have you lived in a Transitional housing, sober house or halfway house before? If so, why did you leave? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If accepted, you understand that Friends Faith House is a transitional home and not a shelter and You are responsible for paying your first two weeks of NONREFUNDABLE shared expenses ($250.00) before moving in. \_\_\_\_\_\_\_\_\_\_\_\_
3. **I realize that the Friends Faith House to which I am applying for residency will(A) prohibit all residents from using any alcohol or illegal drugs, (B) expel any resident who violates such prohibition, (C) will collect equally shared expenses from all residents. In accepting these terms, the applicant understands that conditions are different than the normal due process afforded by some local landlord-tenant laws, and that at any time if the rules of the house or local or state laws are broken, the resident will be immediately expelled from the residence.**
4. **I have read all of the material on this application form including the limitations set forth in item 17. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse. Giving false information on this application will result in disqualification.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please use the bottom of this application to tell us about yourself, religious beliefs, all charges you have been convicted of, why you think our home would be a good fit for you and what you feel you could contribute to the houses. If you need more space, please attach another sheet\***