SOTERIA
COMMUNITY DEVELOPMENT CORPORATION

Soteria House Residency Application
Please fill out your information below.

PERSONAL INFORMATION

Applicant Name:

_____

First Name   Middle Name   Last Name

DOC #: _____   **SSN #:** _____

Birthdate: _____   **Projected Release Date:** _____

Last Permanent Address:

_____

Street Address   City   State   Zip

Current Address:

_____

Street Address   City   State   Zip

Place of Birth: _____   **Age:** _____   **Gender:** _____

Race: _____   **Marital Status:** _____

Spouse's Name: _____

First Name   Last Name

Location of Children: _____   **# of Children:** _____

Total // #Girls   #Boys

Education Level: _____   **Religious Affiliation:** _____

Health Conditions:

_____

_____

_____

Current Medications:

_____

_____

_____

History of Dependencies (Drug/Alcohol/Inhalants/Other)*

_____

_____

_____

Current Use/Treatment:

_____

_____

_____

Reason for applying for Residency:

_____

_____

_____

Name 3 Dangerous Locations for you:

_____

_____

Employment History:

_____

_____

_____

Other Special Training & Skills:

_____

_____

Current Assets:

_____

Current Debt:

_____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

_____

First Name   Middle Name   Last Name

Emergency Contact Phone Number: **Alternate Phone Number:**

_____   _____

Area Code   Phone Number   Area Code   Phone Number

Emergency Contact Address:

_____

Street Address   City   State   Zip

Emergency Contact Relationship: _____

MILITARY SERVICE
If you did not serve in the military, please continue to the next section.

Military Service Start Date: **Military Service End Date:**

_____   _____

Month   Date   Year   Month   Date   Year

Branch: _____   **Type of Discharge:** _____

JAIL & PRISON HISTORY

Describe arrest, dates, offenses, disposition of case, convictions, sentences.*

_____

_____

_____

_____

Current Status (Parole, Probation, etc.)**:**

_____

_____

Any Current Warrants:

_____

_____

_____

<div align="center">

<u>REFERENCES</u>
A family member and a close friend who knows you well enough to comment on your honesty and integrity:

</div>

Reference 1 - Name:

_____

First Name   Middle Name   Last Name

Reference 1 - Phone Number: _____

Area Code   Phone Number

Reference 1 - Address:

_____

Street Address   City   State   Zip

Reference 1 - Relationship: _____

Reference 2 - Name:

_____

First Name   Middle Name   Last Name

Reference 2 - Phone Number:

_____

Area Code   Phone Number

Reference 2 - Address:

_____

Street Address   City   State   Zip

Reference 2 - Relationship: _____

ESSAY

Write a one-page essay about yourself, short term and long term goals.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE

All statements above are true to the best of my knowledge, and I understand that any false statements will result in automatic denial.

_____

Signature   Signature Date