

# Soteria House Residency Application

Please fill out your information below.

## Personal Information

**Applicant Name \***

First Name      Middle Name      Last Name

**DOC # \***

**SSN \***

**Last Permanent Address \***

Street Address

Street Address Line 2

City      State / Province

Postal / Zip Code

**Current Address \***

Current Institution

Street Address

City      State / Province

Postal / Zip Code

**Place of Birth \***

**Age \***

**Race**

**Gender**

**Marital Status \***

**Spouse's Name**

First Name      Last Name

**Location of Children**

**# Boys**

**# Girls**

## Emergency Contact information

### Emergency Contact Name \*

First Name      Last Name

### Emergency Contact Phone Number \*

Area Code      Phone Number

### Emergency Contact Address \*

Street Address

### Alt. Phone Number

Area Code      Phone Number

Street Address Line 2

City      State / Province

Postal / Zip Code

### Emergency Contact Relationship \*

### Reason for Applying for Residency: \*

**Name 3 Dangerous Locations for You: \***

**Employment History \***

**Education Level \***

**Other Special Training & Skills**

## **Military Service**

If you did not serve in the military, please proceed to Page 5.

**Branch:**

## Jail & Prison History

**Describe arrest, dates, offences, disposition of case, convictions, sentences. \***

### **Current Status \***

Parole, Probation, etc.

### **Any Current Warrants \***

### **Health Conditions \***

List N/A if Not Applicable

### **Current Medications \***

List N/A if Not Applicable

### **List Current Assets \***

List N/A if Not Applicable

### **List Current Debt \***

List N/A if Not Applicable

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

List N/A if Not Applicable

**Current Use/Treatment \***

List N/A if Not Applicable

**Religious Affiliation**

List N/A if Not Applicable

## References

A family member and a close friend who knows you well enough to comment on your honesty and integrity:

### Reference 1 - Name \*

First Name      Last Name

### Reference 1 - Phone Number \*

Area Code      Phone Number

### Reference 1 - Address \*

Street Address

Street Address Line 2

City      State / Province

Postal / Zip Code

### Reference 1 - Relationship \*

### Reference 2 - Name \*

First Name      Last Name

### Reference 2 - Phone Number \*

Area Code      Phone Number

### Reference 2 - Address \*

Street Address

Street Address Line 2

City      State / Province

Postal / Zip Code

### 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 - Date \***



Month   Day   Year

**Ages of Children**

**Type of Discharge:**