

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

Street Address Line 2

City State / Province

Postal / Zip Code

Alt. Phone Number

Area Code Phone Number

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:

FOR OFFICE USE ONLY:

_____ Approve / Disapprove
Staff Signature

_____ Approve / Disapprove
Program Manager / Program Assistant Signature

_____ Approve / Disapprove
CEO Signature