

# TRULY MOTIVATED



## TRANSITIONAL LIVING

### TENANCY APPLICATION

Today's date \_\_\_\_\_ Cell phone # \_\_\_\_\_  
Name \_\_\_\_\_ Home phone# \_\_\_\_\_  
Last address \_\_\_\_\_ Social security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
\_\_\_\_\_ DL or ID # \_\_\_\_\_  
Date of birth \_\_\_\_\_ Expiration date \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ License plate # \_\_\_\_\_  
Drug of choice \_\_\_\_\_ Date last used or drank \_\_\_\_\_

Do you take prescribed medications? \_\_\_\_\_

Any history of convulsions, seizures or other health problems? \_\_\_\_\_

Are you now or will you be a registered sex offender? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Incarcerated now? \_\_\_\_\_ Explain \_\_\_\_\_

Corrections Officer \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ DOC# \_\_\_\_\_

Have you ever been in treatment? Name of facility, dates and how long \_\_\_\_\_

Emergency contact information:

Name \_\_\_\_\_ relationship \_\_\_\_\_ home phone \_\_\_\_\_  
work phone \_\_\_\_\_ cell \_\_\_\_\_

Nearest relative not living with you:

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

