
(Name and address)

(Dates of Residence)

(Reason for Leaving)

ADDICTION INFO:

Are you a recovering: Alcoholic Drug Addict Drug of choice: _____

How long sober? _____ Nicotine Addiction How long off of nicotine? _____

Other Addiction: _____ How long sober? _____

Do you have a sponsor/mentor? Yes No If "no", why not? _____

Are you currently in an In-Patient Treatment Program? Yes No If "yes", provide contact info on the program:

Name of program: _____

Contact Information: _____

MENTAL CONDITION INFO:

Have you been diagnosed as having a mental illness? Yes No

If diagnosed with a mental illness, what type? _____

Are you currently taking medication? Yes No Name of medication: _____

Are you currently under psychological or psychiatric care? Yes No

Name and contact info of mental illness agency: _____

Do you take any prescription medication? Yes No If "yes", what medication(s)? _____

Are you participating in or about to enter a methadone or other drug replacement program? Yes No

If so, Name of Agency and Contact Information: _____

EMPLOYMENT:

What is your current source of income? Employment \$_____ per month

Disability or SSI: \$_____ per month [] Other (explain) _____

Employer's name/address/phone: _____

Job Description: _____ How long there? _____

EMERGENCY CONTACT INFORMATION:

List names and telephone numbers of two individuals who may be contacted in the event of an emergency.

1. _____
(Name) (Telephone Number) (Relationship)

2. _____
(Name) (Telephone Number) (Relationship)

IMPORTANT NOTICE: A resident of Fairhaven House is a month to month resident. Fairhaven House may remove a resident for no reason as long as Fairhaven House gives the tenant a minimum of 20 days advance notice.

Fairhaven House is a Christian sober living environment. Thus for the following reasons a resident will be given a 20 day notice to vacate:

- a) Any resident that is found to be under the influence of alcohol or drugs, smoking, or participating in pornography or gambling.
- b) Any resident that refuses to take a random or intentional alcohol/drug/nicotine test
- c) Any resident that receives an unanimous request to leave by other residents living in the Valley Ridge house.

My Agreement

I have read the above notice and I understand that I am applying for month to month residency in a Fairhaven House home called Valley Ridge. I understand that I am applying to be a resident of a sober community and not as a tenant. I agree to abide by the Fairhaven House guidelines which rules may include periodic alcohol & drug testing. I understand that I am subject to a 20 day notice to vacate if a, b, c above occur.

I understand that if I leave voluntarily and give at least 20 day notice, \$100 of my application and security deposit will be returned after deductions for any unpaid house expenses or damages for which I am responsible. If less than twenty day notice is given, or if I am expelled from the house for one of the reasons stated above, I understand that my deposit, if any, will be forfeited.

I also understand that Fairhaven is a faith-based run program, and agree to live according to Biblical Standards and Principles.

I understand that my monthly rental fee in the amount of \$ _____ is payable by money order and is due on the 1st of each month and considered late as of the 3rd of each month. A late fee in the amount of 25.00 will be charged for any late payments. If rental fee is not paid by the morning of the 4th my residency is immediately terminated. I also agree to pay an application and security deposit of \$200. I understand that \$100 of my application and security deposit is an application/background check fee and will not be refunded.

Date of Occupancy: _____

By signing below I certify that the information contained in this application is true, that I understand and accept the conditions set forth above and the attached rules/guideline/policies for residency in Fairhaven House, that I agree to a Criminal History Background check, and that I agree to abide by said conditions should I be accepted as a month-to-month resident.

By signing this agreement I acknowledge the IMPORTANT NOTICE and requirements for membership into Fairhaven House set forth above and agreed to abide by same.

Dated: _____ Member sign _____

Dated: _____ Landlord: _____