

# Koinonia House-Discipleship Program

## APPLICATION FOR HOUSE MEMBERSHIP

**Mail to:** Fairhaven House c/o Richard Dover, P.O. Box 58512, Seattle, WA 98138

**Fax to:** 1-866-346-7186

**Questions:** 206-396-1995

**Answer all questions that apply. Type or print all information.**

### PERSONAL INFO:

Name: \_\_\_\_\_  
(last) (first) (middle) (nickname-alias)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female Social Security No. \_\_\_\_\_

Are you currently homeless without a place to live?  Yes  No If homeless, how long? \_\_\_\_\_

Current Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Name, address, phone of your last landlord: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

What is your marital status?  Single  Married  Separated  Divorced

Do you have children? If so, how many? \_\_\_\_ Ages \_\_\_\_\_

Are you a convicted sex offender? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If "yes", please explain \_\_\_\_\_  
\_\_\_\_\_

Are you currently attending a church? If so, the name of the church, contact person, phone number.  
\_\_\_\_\_

Have you ever lived in a Fairhaven House residence or any other type of clean and sober housing?  Yes  No

If "yes", list the name and address, approximate dates of residence, and reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

(Name and address)

(Dates of Residence)

(Reason for Leaving)

### ADDICTION INFO:

Are you a recovering:  Alcoholic  Drug Addict  Other Addiction: \_\_\_\_\_ Sobriety Date: \_\_\_\_\_

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

Name of program: \_\_\_\_\_

Contact Information: \_\_\_\_\_

If you have been in alcohol/drug/other addiction treatment, either in-patient or out-patient within the last three years, give the name of each program (i.e. detox, treatment center, transitional house, halfway house, hospital), the dates you attended, contact info, and the reason for leaving. (If additional space needed, write on back.)

Are you currently in a self-help out-patient recovery program, i.e. AA, NA? Yes No If "yes",

Name of program(s): \_\_\_\_\_ How many meetings do you attend per week? \_\_\_\_\_

Name, meeting day/night, and location of home group: \_\_\_\_\_

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

**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 Disability Payments of \$ \_\_\_\_\_ per month.

[ ] Other (explain) \_\_\_\_\_

Employer's name/address/phone: \_\_\_\_\_

Job Description: \_\_\_\_\_ Weekly net income: \$ \_\_\_\_\_ How long there? \_\_\_\_\_

List sources and amounts of other weekly income: \_\_\_\_\_

**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:** The nature of Koinonia House requires expulsion, without prior notice or refund of deposit, of any resident member who is found by House Manager or Program Director: 1) to be using alcohol, drugs, gambling, pornography; or 2) to be in default of payment of house share expenses; or 3) to be guilty of violent behavior; or 4) found to have provided misleading or false information on this application.

**A resident of Koinonia House is not a tenant of the Koinonia House but is a member of the sober community which is the house as listed on this application. Members do not pay rent, they pay membership dues.**

*Such a resident is NOT entitled to any of the rights or protections which a tenant would be entitled to under Washington law.*

Member sign \_\_\_\_\_ Manager sign \_\_\_\_\_

**I have read the above notice and I understand that I am applying for membership in a Fairhaven House managed home as a member of a sober community and not as a tenant. I agree to abide by the Koinonia House principles, policies, rules and fully subject myself to the rules of the house for which I am accepted, which rules may include periodic drug testing.**

**I understand that I am subject to immediate expulsion from the house by a unanimous vote of residents if 1) found to be in non-compliance with any Koinonia rules or structures, 2) found to be unwilling to be respectful to other members.**

**I understand that if I leave voluntarily and give at least two weeks' notice, my deposit, if any, will be returned after deductions for any unpaid house expenses, fines, damages for which I am responsible. If less than two weeks 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 House homes are faith-based run programs, and agree to live according to Biblical Standards and Principles.**

Member sign \_\_\_\_\_

I understand that my monthly membership dues is \$200/\$300. Membership dues are payable by money order/check and are 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, unless payments are arranged with management. I also agree to paying a security deposit of \_\_\_\_\_, which will be paid in full within \_\_\_ months of date of occupancy. I understand that my security deposit will be refunded minus any outstanding dues, repairs, and/or fines.

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 for membership in Fairhaven House, that I agree to a Criminal History Background check, and that I agree to abide by said conditions should I become a resident of this house.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**This application was reviewed with the applicant and he/she acknowledged the IMPORTANT NOTICE and requirements for membership into Fairhaven House/Koinonia House set forth above and agreed to abide by same.**

Dated: \_\_\_\_\_ House Manager Signature: \_\_\_\_\_