

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



HOUSINGWORKS
For Everyone

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX _____
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|--|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit designed for Environmental Allergies | |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

Twelve Step Education Program 317 Boston Road, Billerica, MA 01862
781-229-0877 or 978-667-3310

APPLICATION FOR SOBER HOUSING

APPLICATION PROCESS:

1. **COMPLETE APPLICATION AND SUBMIT FORM VIA MAIL OR FAX to (781) 939-7228 or (978) 667-4425**
2. **SEND REQUIRED FEE OF \$390.00 (paying weekly)* or \$693.00 (paying monthly)* OR AMOUNT PER AGREEMENT WITH TWELVE STEP EDUCATION PROGRAM TO THE ADDRESS ABOVE.**
3. **SPEAK WITH TWELVE STEP EDUCATION PROGRAM REPRESENTATIVE ABOUT PLACEMENT**
4. **ARRANGE TIME AND DATE OF ARRIVAL WITH APPROPRIATE PERSONNEL**

Please Note: An acceptance letter will be issued only after the completion of the above process

Name: _____

SS#: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Contact Person: _____

Telephone#: _____ Fax#: _____

MEDICAL INFORMATION

How long have you been sober? _____ Drug of Choice: _____

Which recovery meetings do you attend? (AA, NA, CA, etc) _____

List medical conditions: _____

List prescription medications: _____

Health Insurance: _____

RESIDENT INFORMATION

PREFERRED LOCATION 1: _____ 2: _____

(Please circle Y or N for the following questions)

Have you ever lived in a Twelve Step Education Program Sober Home? Y / N

If so, which location? _____

Are you a veteran? Y / N

Are you involved in any legal action? Y / N

If so, please explain: _____

Are you required to register as a sex offender? Y / N

Have you been convicted of arson? Y/N A felony? Y / N How Many? _____

If leaving a prison system, will you be on probation or parole? _____

Source of Income: _____ Salary (weekly/monthly): _____

I understand that a submission of this application is not a guarantee of admission into a Twelve Step Education Program sober house.

Signature: _____ Date: _____

Referral Source (if any): _____

*PROGRAM FEES:

- **Weekly Paying Residents \$130.00/week + 2 weeks advance upon arrival**
- **SSI/SSDI Paying Residents \$563/month +1 week advance fee upon arrival**

Locations: Billerica, Leominster, Quincy, Saugus, Woburn, Berwick, ME