CHANCE DE Application

To become a resident, you must contact the MANAGEMENT **ONLY CLEAN & RESPONSIBLE PEOPLE WHO PAY RENT ON TIME MAY APPLY with valid Picture ID. Email application to** chancedelaware@gmail.com **$20.00 Per Applicant**

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| **1**. Print Name (Last, First, Middle) | | | **3**. Date of Birth | | |
| Month | Day | Year |
| **2.** Present address (Street) Check if treatment facility | | | **4.** Phone Where You Can Be Reached  Cell | | |
| City | City | Zip | email | | |
| **5.** Are you an Alcoholic?  Yes No | | **6.** Date of Your  Last Drink? | **9.** Reason why you need housing now.  Why did you lose your previous housing? | | |
| **7.** Are you addicted to drugs?  Yes No | | **8.** Date of last  drug use? |
| **10.** Are you currently attending groups or After care programs | | | **11.** Are You currently using drug or Alcohol Yes No  What drug(s) | | |
| **12**. Who is your payee  Self. Or Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **13.** Are you employed?  Yes No If “yes” who is your employer? | | |
| **14**. Are you getting welfare or other non-job related income?  Yes No If “yes” what? | | | **15.** If you do not have a job will you get one?  Yes No If “yes,” what job plans do you have? | | |
| **16.** What is your monthly income right now? | | | **17**. What do you expect your monthly income to be next  Month?  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **18.** Will anyone live with you  Self. Children. Family. | | | **19.** Do you have a medical doctor?  Yes No If “yes” list the doctor’s name and phone  number: | | |
| **20**. How long are you planning to stay.  3 months 6 months 12 months + | | | **21**. Do you take prescription drugs?  Yes No If “yes” list drugs and reason the drug has  been prescribed. | | |
| Please complete page two of this application. | | | | | |

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| **22**. Date of move in? Immediately Other If “other” list the date you would want to move in, if accepted, and why the date is in the future rather  than immediately. Date: \_\_\_\_\_\_\_\_\_\_ Reason: | | |
| **23**. Have you ever lived in ANY Chance homes before?  Yes No If “yes,” provide the name and location of the House below and answer question 24. | | |
| **24**. [Answer this question if the answer to question 23 was “yes.”] I left the previous Homes for the following reason: [check one]  relapse, voluntarily, other reason(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I owe money to the Chance  Homes I left. Yes No  If I do owe money to the House I left, I will agree to repay the money I owe to my former Chance Homes. Yes No | | |
| **25.** Emergency Telephone Numbers. [[List family doctor, if you have one, + two family members or friends] | | |
| Name and Address  **1**  **2**  **3** | Relationship | Telephone |
| **26. I realize that the Hope House to which I am applying for residency has been established in**  **compliance with the conditions of §2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, as**  **amended, which provides that federal money loaned to start the house requires the house residents to**  **(A) prohibit all residents from using any alcohol or illegal drugs, (B) expel any resident who violates**  **such prohibition, (C) equally share household expenses including the monthly lease payment, among all**  **residents, and (D) utilize democratic decision making within the group including inclusion in and**  **expulsion from the group. (E) Resident are subjected to eviction when rent and bills are not paid within a month. In accepting these terms, the applicant understands that §2036 conditions**  **are different than the normal due process afforded by some local landlord-tenant laws.** | | |
| 27. Use this space for additional relevant information: | | |
| 28. I have read all of the material on this application form including the limitations set forth in item 26. I  have also answered each question honestly and want to achieve comfortable recovery from alcoholism  and/or drug addiction without relapse. I agree to be evicted if I violate the terms of this application.  SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **FOR USE BY OFFICIALS ONLY**  **ACCEPTED NOT ACCEPTED • MOVE IN DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ • MOVE OUT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **HOUSE KEYS RETURNED YES NO • OUTSTANDING DEBT TO HOUSE $\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE REPAID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |