

**EASTERN OREGON ALCOHOLISM FOUNDATION
ALCOHOL AND DRUG FREE HOUSING
APPLICATION**

Any person (s) filling out a rental application that does not completely fill out and sign will not be considered for occupancy. If questions does not apply to you put NA

Date: _____ Housing Name: _____
La Casa Vida, Rusty's, Multi Family, New Vision

PERSONAL INFORMATION:

Name _____ SS# _____

Birth Date _____

Spouse/Co applicant _____ SS# _____

Birth Date _____

Present Address _____ How long _____

City/State/Zip _____ Phone # _____

Current living situation: _____

Are you currently in treatment? () Yes () No Where: _____

Grad Date _____ Counselor: _____

Do you have alternate housing options _____

Are you employed _____ Where _____

Current income and Source (include wages, SSI, TANF, Unemployment, Social Security, Child Support)

If no income, how will you support yourself _____

Marital Status: _____

Names and ages of other persons, including children, to occupy unit

Do you have children: Yes _____ No _____ How Many: _____

Explain: _____

Children:	Age:	Sex	Special Information:
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____

If you have minor children who live with you, who has legal custody?

() Parents () Mother () Father () DHS () Grandparent () Other

What are your plans regarding your children: _____

Your Primary Drug Use: _____ Secondary: _____

IV Drug use? () Yes () No Other Drug Use Info: _____

Medications you are currently using: _____

Physical Handicaps? _____

Mental Health issues? _____

Are you pregnant? () Yes () No Due Date _____

Any significant health problems? _____

Do you have anyone who may pose a threat or safety issue? () Yes () No

Name: _____ Relationship _____

Address: _____ City _____

State _____ Zip _____

DHS Caseworker: _____ Phone: _____

Probation Officer: _____ Phone: _____

Other: _____ Phone: _____

Did you obtain your probation officers permission to move in? () Yes () No

Ethnicity: (For reporting purposes ONLY)

- () Caucasian () African American () Native American () Asian, Pacific Islander
() Alaskan Native () Hispanic- Mexican () Hispanic- Puerto Rican () Hispanic- Cuban
() Other Hispanic () Southeast Asian () Spanish

REFERENCES:

Personal _____ Phone # _____

Personal _____ Phone # _____

Why do you want to enter our Drug and Alcohol Free Housing?

What do you want to accomplish while living at our Drug and Alcohol Free Housing? _____

What personal goals do you have? _____

OTHER INFORMATION:

In case of emergency notify _____ Phone # _____

Next of kin _____ Phone # _____

Do you or any of the proposed occupants smoke? Yes _____ No _____

Do you have a current driver's license? _____ Do you have insurance _____

How many vehicles do you own _____

I certify the above information is correct and complete and hereby authorize you to make any inquiries (including criminal activity check and credit check) you feel necessary to evaluate my tenancy and credit standing. I understand that no other tenants or pets, other than those specified, will occupy the premises. I understand that I am required to submit a 30-day advance notice in writing of my intentions to vacate and that I will be liable for rent for 30 days from the time I give such notice. I understand that it is my responsibility to update my rental application of change of address/phone or family composition to remain on the waiting list for Alcohol and Drug Free Housing.

Applicant Signature: _____ Date _____

Spouse/Co Applicant Signature _____ Date _____