

## Gather Required Documents

- Completed Application       Identification or Proof of Residence       Signed letter to sober living house

## Personal Information

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth:

Current Address: \_\_\_\_\_

Previous Address (if less than 6 months): \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Are you a parent?  Yes  No

Employment Status: \_\_\_\_\_ Do you have any pending charges?  Yes  No

## Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Treatment Information:

Treatment agency: \_\_\_\_\_

Counselor's email: \_\_\_\_\_

Counselor's phone: \_\_\_\_\_

## Other Important Information:

Treatment Discharge Date: \_\_\_\_\_

Are you continuing treatment post completion?  Yes  No

What house have you been accepted into? \_\_\_\_\_

How much funding are you seeking? \_\_\_\_\_

Are you receiving funding from any other organization?  Yes  No

If yes, how much? \_\_\_\_\_

Have you been funded by Hope Sheds Light previously?  Yes  No

By signing below, you confirm that all the information provided above is accurate to the best of your knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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