



Lowell House Addiction Treatment and Recovery Sober Living Community (Sober House)

APPLICATION FOR HOUSE MEMBERSHIP

I hereby apply for membership in the Lowell House Addiction Treatment and Recovery (LHATR) Sober House: Select Below

- Women's Saving Grace**
- Men's Hanover House**

Please provide the following information for use by house members and LHATR in determining my eligibility and appropriateness for membership. **Answer all questions that apply. Type or print all information. Use additional sheet if necessary.**

Name: _____
(last) (first) (middle)

Date of Birth: ____/____/____ Social Security Number _____

Are you currently homeless / without a permanent place to live? Yes ____ No ____

Current Address: _____
(street) (city) (state) (zip)

Telephone numbers: Home _____ Work _____ Cell: _____

Your sobriety date: ____/____/____ If you have been in a substance abuse treatment, either in-patient or out-patient within the last three years, give the name of each program (i.e. detox, treatment center, halfway house), the dates you attended, and the reason for leaving: _____

Do you currently participate in self-help: Yes ____ No ____

Name of program (s): _____ How many meetings do attend per week? _____

Name meetings, day/night, and location of home group: _____

Do you have a sponsor: _____ If no, why not: _____

What is your current source of income? ____ Employment ____ Disability payments of \$ _____ per month

Other (explain): _____

Job description: _____ Weekly net income: \$ _____ How long there: _____

List sources and amounts of other weekly income: _____

What is your marital status: ____ Single ____ Married ____ Separated ____ Divorced

Current Legal Involvement such as Probation, DCF, Restraining Order, Drug Court, Family Court? _____

Are you participating in or about to enter a Medication Assisted Treatment program? ____ Yes ____ No

Send Complete Application to: Lowell House Addiction Treatment and Recovery
101 Jackson St, Lowell, MA 01852 or Fax: 978-937-2559

Medication(s)? _____

List names and numbers of two individuals who may be contacted in the event of an emergency:

1. _____
(name) (phone number(s)) (relationship)

2. _____
(name) (phone number (s)) (relationship)

Have you ever lived in any type of sober housing before? ___ Yes ___ No

Name and address of house: _____

Dates of residence: _____

Reason for leaving: _____

Name, address, and phone number of your last landlord: _____

Have you ever been convicted of arson? _____ or have a current legal status? _____

IMPORTANT NOTICE: The nature of the Sober House requires expulsion, without prior notice or refund of any deposits, of any member who is found by the proprietors who hold the lease on the property to: 1) be using alcohol or drugs or 2) be in default of weekly house share of expenses or 3) be guilty of disruptive or any behaviors that threaten the wellbeing of the property and / or the other members that reside at Sober House. A member of the Sober House is not a tenant of Lowell House, Inc. but is a member of the sober living community, which is the Sober House. Such member is NOT entitled to any of the rights or protections that a tenant would be entitled under Massachusetts's law.

I have read the above notice and understand that I am applying for membership in the Sober House as a member of the sober living community and not as a tenant. I agree to abide by Sober House principles and fully subject myself to the rules and expectations of this house including periodic drug testing. I understand that I am subject to immediate expulsion from the house by the proprietors who hold the lease on the property if any of the following occur. 1) Use alcohol or drugs (other than prescribed medications); 2) I fail to pay my weekly house share of expenses and or fees; 3) I engage in disruptive and or any behaviors that threaten the wellbeing of the property and / or the other residents who reside at the Sober House. I understand that if I am expelled from the house for any of the above reasons there will be no refunds.

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 the Sober House, and that I agree to abide by said conditions should I be accepted as a resident of the Sober House. **Sober House members must be eighteen (18) years old at time of admissions.*

Date: _____ Signature: _____

TO BE COMPLETED AT HOUSE INTERVIEW: The within application was reviewed with the applicant and does acknowledge the IMPORTANT NOTICE and the requirements for membership in the Sober House set forth above and agreed to abide by same.

Date: _____ Authorized Sober House Representative: _____

All Sober House members MUST pay first month and last month fees BEFORE they will be permitted to move into the house. \$800/month for a single, \$600 for a double and \$950 for the 3rd floor carriage house. Proof of Income Verification is necessary.

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