

Date \_\_\_\_\_

Date received \_\_\_\_\_ By Whom \_\_\_\_\_

## RESIDENT APPLICATION FOR THE WELL HOUSING

**THE WELL** at God's Resort provides a two-year journey of life transformation for women who seek true love, identity, and freedom through discipleship in Jesus Christ.

As a resident of THE WELL, *you will commit to honor our program commitment and the rule of **no drugs or alcohol, and no overnights guests (without prior approval)***, and not to isolate yourself from THE WELL community.

*I understand that if I falsify information given in this application or in the interview process that I will forfeit consideration for residency.*

*I understand that I will need to show 1) identification, a 2) Social Security card, and 3) proof of income.*

### **APPLICANT (Use separate applications for each adult resident)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_ Place of birth \_\_\_\_\_

How did you hear about THE WELL? \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Are you on any controlled substances? \_\_\_\_\_

What is your long-term goal for your med? \_\_\_\_\_

Would you like help to break your dependency on the med? \_\_\_\_\_

Substance Use \_\_\_\_\_

Are you in a relationship? \_\_\_\_\_ yes \_\_\_\_\_ no

Why are you interested in the program? \_\_\_\_\_

What are your personal short-term and long-term goals? \_\_\_\_\_

What are your expectations while living at the Well? \_\_\_\_\_

Do you have a home church? \_\_\_\_\_

Do you have transportation? \_\_\_\_\_

**VEHICLE**

Driver's License # \_\_\_\_\_ License Plate # \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ Year \_\_\_\_\_

**CURRENT RESIDENCE**

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

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Current Landlord \_\_\_\_\_ Phone number \_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_

Please share your reason for leaving if your stay was less than two years:

**EMERGENCY CONTACT**

In case of emergency notify:

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State \_\_\_\_\_ Cell phone # \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State \_\_\_\_\_ Cell phone # \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

**INCOME**

Current Employer \_\_\_\_\_ # of hours per week \_\_\_\_\_

Your Job Title \_\_\_\_\_

Employer contact name and phone # \_\_\_\_\_

Employer address \_\_\_\_\_

Do you give THE WELL management permission to contact your employer? \_\_\_\_yes \_\_\_\_no

I am paid \_\_\_\_weekly \_\_\_\_bi-weekly \_\_\_\_monthly

Do you have any garnishments taken out of your check? \_\_\_\_yes \_\_\_\_no

Explain: \_\_\_\_\_

**Other Possible Forms of Income (Please check all that apply)**

Social Security \_\_\_\_\_ Disability pending \_\_\_\_\_ Disability \_\_\_\_\_

Unemployment \_\_\_\_\_ Other \_\_\_\_\_

**PAST EMPLOYERS (Please list past 3 employers in reverse chronological order)**

Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Contact name and number for employment verification \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Contact name and number for employment verification \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Contact name and number for employment verification \_\_\_\_\_

**EDUCATION (please check all that apply)**

Completed high school \_\_\_\_\_ GED \_\_\_\_\_ College \_\_\_\_\_ (how many years? \_\_\_\_\_)

Technical training \_\_\_\_\_ Other \_\_\_\_\_

**CITIZENSHIP**

Are you an American citizen? \_\_\_\_\_yes \_\_\_\_\_no

Is your spouse an American citizen? \_\_\_\_\_yes \_\_\_\_\_no

(if no, please provide documentation of being in the U.S. legally)

**REFERENCES**

If applicable, I grant THE WELL permission to confer with individuals who are associated with programs that I have been or am currently involved with.

\_\_\_\_\_ yes \_\_\_\_\_no

**CHARACTER REFERENCES (Please list two character references. These should be people who have known you well for a long time, such as a coworker or neighbor, and can speak about your character and qualities. Do not list family members.)**

Reference 1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

How person knows you \_\_\_\_\_

Reference 2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

How person knows you \_\_\_\_\_

**LEGAL**

Do you have any felony convictions? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ pending

Please explain: \_\_\_\_\_

Are you on any of the following? **(Please check all that apply)**

Probation \_\_\_\_\_ Parole \_\_\_\_\_ Have a pending case \_\_\_\_\_

Ex- parte against you \_\_\_\_\_ Other \_\_\_\_\_

Are you willing to sign a release allowing THE WELL management to speak with your probation or parole office, substance abuse counselor, therapist, or pastor? \_\_\_yes \_\_\_ no

Please explain:

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What will I learn from a national background check?

Please explain: \_\_\_\_\_

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In what states do you have a record or case(s) pending?

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Do you pay child support? \_\_\_\_\_yes \_\_\_\_\_no

If yes, are your payments current?

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Do you have fines to pay? \_\_\_\_\_yes \_\_\_\_\_no

Do you have other court ordered payments? \_\_\_\_\_yes \_\_\_\_\_no

### STATEMENTS OF AGREEMENT

Please initial next to the statements to which you agree.

*I understand that **drugs and alcohol are forbidden** on THE WELL property and residents agree to abstain from their use both on and off the THE WELL and God's Resort campuses. I agree to random or at-will drug/alcohol screenings (at the expense of THE WELL staff). \_\_\_\_\_ (initial)*

*I understand that I cannot have a pet in my apartment at any time. \_\_\_\_\_*

*I understand that there is no smoking inside THE WELL, and agree not to smoke inside THE WELL or THE WELL office \_\_\_\_\_*

*I understand that I am to let THE WELL staff know of any police contact within 24 hours, and I agree to do so. \_\_\_\_\_*

*I understand that the pest exterminator comes once a month and will enter my dwelling along with the staff. \_\_\_\_\_*

*I affirm that the information in this application is accurate and correct. \_\_\_\_\_*

Signature \_\_\_\_\_ Date \_\_\_\_\_