Crozier ¾ House welcomes residents looking to continue their recovery journey! We carefully screen applicants to ensure a good fit in our recovery community. Our Resident Manual can be downloaded on our website. Please provide all information to the best of your ability. We cannot process incomplete applications. False information given on this application is grounds for rejection of the application. If you would like an update on an application that you have already submitted, please call us at 508-860-2216.

Application Process: Apply – Phone Screen – Schedule Move-in – Move-in and orientation

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| --- | --- |
| Name: | Date of Birth: |
| Cell Number: | Email Address: |
| How did you hear about us? | Referral Name: |
| Date you want to move in: | Sober Date: |
| Substance of Choice: | Are you a felon: Yes No  Conviction: |
| Are you a sex offender: Yes No | Have you been convicted of arson: Yes No |
| Are you on Probation of Parole: Yes No | Name of PO: |
| PO Phone number: | Health Insurance: |
| Are you in treatment now: Yes No  Program Name:  Case Managers name and number: | Were you in a program before this? Yes No  Program Name: |
| Current Address: | Do you work: Yes No  Employer Name & Address: |
| Monthly Income: | SS, SSDI, or other assistance: Yes No |
| Reference #1:  Name:  Address:  Telephone: | Reference #2:  Name:  Address:  Telephone: |
| Are you prescribed medications: Yes No  Medication Names: | Medication Names: |
| Please share with us any additional information here: | |
| CONSENT AND ACKNOWLEDGMENT I hereby authorize Crozier ¾ House and its designated agents to conduct a review of my background including income, housing, treatment, criminal history, or any other public records. I authorize any individual, company, or public agency to release any information, verbal or written, pertaining to me to Crozier ¾ house or its agents. I hereby certify that I am at least 18 years of age. Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, medications, and personal references. Applicant hereby authorizes owner/agent to obtain any public records if necessary. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.  Applicants Signature: Date: | |