



JUST Living Recovery Application

A Queer-Friendly Intentional Recovery Community

APPLICANT INFORMATION			DATE OF APPLICATION	MOVE-IN DATE REQUESTED
LAST NAME			REFERRED BY: (NAME/ AGENCY)	
FIRST NAME			PRONOUNS	RACE AND ETHNICITY
DATE OF BIRTH	SOBER DATE	CELL PHONE	EMAIL	
CONTACT NAME / EMAIL / PHONE TO ASSIST WITH INTERVIEW SCHEDULING IF DIFFERENT THAN ABOVE:				
CURRENT ADDRESS				
STREET ADDRESS , CITY, STATE ZIP CODE				
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE	
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS ADDRESS				
STREET ADDRESS, CITY, STATE, ZIP CODE				
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE	
MONTHLY RENT \$	REASON FOR LEAVING			
OTHER COMMUNITY LIVING EXPERIENCES or SUBSTANCE USE TREATMENTS				
NAME, ADDRESS, CONTACT INFO				
Finances: Write N/A if you do not have a job.				
JOB TITLE	COMPANY NAME		COMPANY ADDRESS	
START DATE	_____ Permanent _____ Temporary (avg hrs/ month)		MONTHLY WAGES \$	
SUPERVISOR NAME	SUPERVISOR EMAIL		SUPERVISOR PHONE	
Other Income & Source:			Health Insurance (Yes or No)	
VEHICLE INFORMATION Write N/A if you do not plan on bringing a car.				
1. MAKE & MODEL		YEAR	LICENSE NO. & STATE	
EMERGENCY CONTACT				
NAME	PHONE	EMAIL	RELATIONSHIP	

PROFESSIONAL AND PERSONAL REFERENCES

NAME	PHONE	EMAIL	RELATIONSHIP

BRIEFLY DESCRIBE YOUR HISTORY WITH ALCOHOL AND/OR SUBSTANCES AND WHY YOU ARE INTERESTED IN SOBER LIVING.

I give permission for JUST Living Recovery staff to check my references, emergency contact, previous landlords, and run a criminal background check. I understand upon completion of background check(s) and contact of references, landlord(s), I may be scheduled for another interview for admission to JUST Living Recovery.

Print Name: _____

Signature: _____ Date: _____

SEND COMPLETED APPLICATION TO:

connect@justlivingrecovery.org OR Just Living Recovery, P.O Box 150565 Lakewood, CO 80215
If you have any questions, please email or call us (720) 408-8702.

FOR OFFICE USE

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JUST Living Recovery Representative NAME/SIGNATURE/DATE:

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