



# JUST Living Recovery Application

## A Queer-Friendly Intentional Recovery Community

<b>APPLICANT INFORMATION</b>			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:						
<b>CURRENT ADDRESS</b> (Circle one: Home / Apt / Treatment Ctr / Motel / Homeless / Jail / Other: ____)						
STREET ADDRESS, CITY, STATE ZIP CODE						
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE		
MONTHLY RENT \$	REASON FOR LEAVING					
<b>PREVIOUS ADDRESS</b>						
STREET ADDRESS, CITY, STATE, ZIP CODE						
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE		
MONTHLY RENT \$	REASON FOR LEAVING					
<b>OTHER COMMUNITY LIVING EXPERIENCES or SUBSTANCE USE TREATMENTS</b>						
NAME, ADDRESS, CONTACT INFO						
<b>FINANCIALS:</b> 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)			
<b>VEHICLE INFORMATION</b> Write N/A if you do not plan on bringing a car.						
1. MAKE & MODEL		YEAR	LICENSE NO. & STATE			
<b>EMERGENCY CONTACT</b>						
NAME	PHONE	EMAIL		RELATIONSHIP		

**PROFESSIONAL AND PERSONAL REFERENCES**

NAME	PHONE	EMAIL	RELATIONSHIP
NAME	PHONE	EMAIL	RELATIONSHIP
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](mailto: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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