



PLEASE COMPLETE THIS DOCUMENT IN FULL

Do not leave any blank spaces.

If there is no answer write N/A

Leave your initials and signature where indicated

I have read and understand these directions.

_____ **(Initials)**

_____ **(Signature)**

_____ **(Printed Name)** _____ **(Date)**



RESIDENTIAL APPLICATION AND BACKGROUND RELEASE FORM

Full Legal Name _____

Other Aliases If Used: _____

Clean/Sober Date: _____ Today's Date: _____

Date of Birth: _____ Driver's License/ID #: _____

Current Address: _____

Social Security #: _____ Telephone #: _____

Email address: _____

Emergency Contact Information:

Name _____ Phone Number _____

Relationship _____ Address: _____

How long do you plan to reside at Brolly House Sober Living? _____

Criminal History:

Please answer all questions with as much detail as possible. If it does

not apply, then put n/a. Leaving questions blank or unanswered, please note that any false, misleading, or incomplete information can lead to denial of our application or expulsion from

Brolly House Sober Living.

Please list your convictions beginning with most recent:



What court order restrictions do you have as a condition of your release?

What is your risk management classification?

High Violent ___ Violent ___ Moderate ___ Low ___

How long are you required to be on parole or community custody (if applicable): _____

Are you required to register as a sex offender? YES NO (circle one)

Will you be required to enroll in substance abuse, mental health, or sexual deviancy treatment after your release? YES NO (circle one)

Legal Information: Are you on house arrest? YES NO (circle one)

Are you on probation/ parole? YES NO (circle one)

Contact Person: _____ Phone: _____

Do you have any pending charges or outstanding legal issues? _____

If so, please clarify:



Are there any No Contact stipulations/orders for you or against you? _____

Substance Abuse History: Do you have chemical dependency issues? _____

Substance(s) Used:

Prior treatment and dates received (if any): i.e. Transitional Housing, Rehab, Intensive Outpatient

Medical: Are you on Disability? YES NO (circle one)

Are you presently receiving mental health treatment? _____

Please list any other medical conditions for which you are actively receiving treatment: (this is optional and confidential but may help us accommodate you better)

Any other physical accommodations/limitations?



Please list all medications you are taking: (All medications must be prescribed by a Dr. and must be stored in the original container with prescription information.)

Please provide us with a copy of your insurance card - in case of emergency, we may need it.

Income/Employment: What will be your source(s) of income?

Will you be seeking employment? If so, what kind?

Vehicle/Driver Information:

Do you have a valid driver's license? YES NO (Circle one)

Driver's License Number: _____ Do you own a vehicle? _____

Do you plan to have the vehicle at Brolly House? YES NO (Circle one)

Make & year: _____ License Plate Number: _____ State:

_____ Auto Insurance Company: _____

(Having a vehicle at any Brolly House Sober Living may be subject to certain rules and prior approval)



Brolly House Sober Living reserves the right to verify any information provided in connection with your application. Our reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

We reserve the right to refuse housing to any applicant.

I certify that information listing is true and correct to the best of my knowledge

_____ **(Signature)**

_____ **(Printed Name)** _____ **(Date)**



BROLLY HOUSE SOBER LIVING ACKNOWLEDGEMENT FORM

____I understand THIS IS NOT A LEASE. This is a contract for a shared and clean sober living facility. By signing the following, I hereby acknowledge that I have been provided a copy of the house rules and I fully understand the rules and policies set forth therein.

____I understand THIS IS NOT A LEASE. Any use of the address 5420 Lindero Place, Las Vegas, NV 89119 is highly discouraged and considered a service to the resident and not a means to establish residence.s

____I understand that if I reside at Brolly House Sober Living, I will be responsible for paying rent on the first day of my established rental period. Any late payments will be subject to a \$15 late fee/per day.

____I understand that all rents are non-refundable and dependent on the Resident's adherence to the rules and management's discretion.

____I understand that having visitors is at management's discretion

____I understand that the cost is \$650 / \$750 a month due on the first of the month every month - (no partial payments will be accepted towards the total)

____I understand that in order to stay in the Brolly House Sober Living home I have to be in an active recovery from at least one treatable use disorder including alcoholism and/or \drug addiction, regardless of other addictions or behavioral health conditions I may have.



____ I understand that as a Resident of Brolly House Sober Living, I will be responsible to perform a personal chore every week and the House Manager will hold me accountable if I don't.

____ I understand that as a part of the Brolly House Sober Living, I have to be actively and continuously enrolled in an offsite support program (e.i AA, NA) reporting my attendance to the House Manager.

____ I understand the Violation policy:

First violation – verbal warning and potential loss of privileges.

Second violation – written notice, loss of privileges

Third violation – you will be asked to vacate the premises immediately.

By signing below, I have read and agree(d) to all the terms above.

Signature _____



House Rules

1. There will be no acts of aggression, threats of violence or physical horseplay toward any other resident, or the owner/manager on the property at any time.
2. No weapons of any kind will be allowed on the property under any circumstance. This applies to all residents and visitors on the property.
3. Residents will show respect and positive regard for others by avoiding all “annoyance activities” on the property, which might adversely impact other residents. (ex: loud music, television or conversations late at night disturbing others). No name calling, no bullying.
4. All residents are responsible to pick up after themselves and keep all common areas clean. In addition, each resident will be assigned specific housekeeping, sanitation and/or maintenance responsibilities for common areas and grounds to be done daily.
5. Each resident is to keep their room in a clean, neat and orderly fashion.
6. No sleeping in common areas.
7. All residents must become active members of AA or NA and have a sponsor as well as to stay living in the house.



8. No pets are allowed.
9. Rent is to be paid on time in full unless otherwise discussed with the House Manager at least one week prior to the date rent is due. If rent is late there will be a \$15 fee per day until rent is caught up.
10. All residents must attend house meetings (only when there are issues in the house that need to be discussed) unless they have proof that their employment schedule would prevent attendance and must notify the House Manager at least 2 hours in advance.
11. Residents will always have appropriate clothes on while in common areas.
12. No smoking allowed in the house cigarettes / vapes.
13. Each resident will be solely responsible for any personal property items brought into the house or on the grounds.



14. Any theft of a house or other property will result in immediate expulsion with no refund of any deposits, etc. Such an act will be reported to the proper authorities.

15. After 10 pm please keep it down. Volume of tv, music, or talking will be kept to a minimum while others are sleeping.

16. House issues are not to be discussed outside of the house except with sponsor or house management.

17. Each resident will be allowed only one motor vehicle on the property. Motor vehicles must have proof of license, insurance and registration on file with the management.

A failed drug test or breaking of the rules will result in either being asked to leave, or possible step up in programming.

18. Each resident will be either in the house or back yard (not the front yard) if it is after 10pm.

19. Possession or use of any alcohol or mood-altering drugs will not be permitted on the property and will result in suspension or termination of residency IMMEDIATELY.

20. A relapse (use of alcohol or drugs) or violation of rules, can result in suspension or termination of residency.



21. Each resident is responsible to report any use of alcohol or drugs to management, as well as any illegal activity. This also means that if you have a roommate who is using, and we feel you knew about it and did not bring it to management's attention this may also risk the chance of you being asked to leave.
22. All residents must wash their dishes right after using them unless they need to soak, in which case they are to be completed within 1 hour after.
23. Residents are not allowed to be away from the house for more than two days without prior authorization from the house manager.
24. No resident shall share their personal combination with anyone. My personal combination to the front door lock is _____

Signature _____