



**APPLICATION FOR ADMISSION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Middle Last*

Have you ever applied to or lived at Next Step Recovery? YES  NO  When? \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Distinguishing marks (tattoos, scars): \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**FAMILY INFORMATION**

How many siblings do you have? \_\_\_\_\_ Which are you? Eldest Middle Youngest

Married/Cohabiting  Divorced/Separated  Single/Never Married

Spouse/Significant other's name: \_\_\_\_\_

Do you have children? YES  NO

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Deceased: YES  NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Deceased: YES  NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

### EDUCATIONAL INFORMATION

High school graduate: YES  NO  GED? YES  NO  Last grade completed: \_\_\_\_\_

College graduate? YES  NO  Years completed? \_\_\_\_\_

Difficulty reading? YES  NO  Educational goals? \_\_\_\_\_

### LEGAL INFORMATION

Are you your own Legal Guardian? YES  NO  If NO, name of Guardian: \_\_\_\_\_

Ever been convicted of a violent felony? YES  NO  If YES, charge: \_\_\_\_\_

Are you currently on probation? YES  NO  If YES, PO's name: \_\_\_\_\_

Where: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Are you on intense probation? YES  NO

Have you been compliant with the terms of your probation? YES  NO

Have you ever committed/been charged with arson? YES  NO

Have you ever been charged with cruelty to animals? YES  NO

Have you ever been charged/convicted of a violent crime? YES  NO

Have you ever committed/been charged with a sexual crime? YES  NO

Have you ever been criminally involved while delusional/psychotic? YES  NO

Have you acted out because you believe(d) others control your thoughts/actions? YES  NO

What is your current offense? \_\_\_\_\_

Please list current offenses:

Offense	Disposition	Date of Disposition

**FINANCIAL INFORMATION**

Do you have the funds to cover the entrance fee and weekly program fee? YES  NO

Do you have legal identification? YES  NO

Do you currently have a job? YES  NO  Full / Part time (circle one)

Name of company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ How long have you been employed? \_\_\_\_\_

Any volunteer or civic experience? \_\_\_\_\_

Any outstanding debts (child support, installment loans, IRS, etc.)? YES  NO  If YES, please explain:

Are you court ordered to pay child support? YES  NO  \$ amount? \_\_\_\_\_

Are you behind on payments? YES  NO

Do you receive any ongoing financial reimbursement? (SSI, Disability, Medicaid, Trust Fund, etc.) YES  NO

If yes, explain: \_\_\_\_\_

If for some reason you cannot pay rent per week/month, who can you call upon to help you?

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Do you have a current valid Driver's License? YES  NO

If yes, Driver's License #: \_\_\_\_\_ State issued: \_\_\_\_\_ Plate #: \_\_\_\_\_

Do you have your own vehicle? YES  NO

If YES, what is the name of your car insurance agency? \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

If bringing your own car to Next Step Recovery, please provide the following information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag #: \_\_\_\_\_

If you don't have a vehicle, how do you intend to get to and from work (buses run close to our apartments)?

\_\_\_\_\_

### MEDICAL / MENTAL INFORMATION

Current medical needs? YES  NO  If yes, please state: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Current dental needs? YES  NO  If yes, please state: \_\_\_\_\_

Dentist name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

History of: Seizures YES  NO  If yes, dates: \_\_\_\_\_

TB YES  NO  If yes, dates: \_\_\_\_\_

Diabetes YES  NO  If yes, dates: \_\_\_\_\_

Hepatitis YES  NO  If yes, dates: \_\_\_\_\_

MRSA YES  NO  If yes, dates: \_\_\_\_\_

HIV YES  NO  If yes, dates: \_\_\_\_\_

Any diagnosis of Schizophrenia, Schizoaffective Disorder, or other disorder with psychotic features? YES  NO

Have you ever been involuntarily committed to inpatient or outpatient care? YES  NO

Have you ever been hospitalized in a psychiatric setting? YES  NO

Reason for hospitalization: \_\_\_\_\_

Outcome: \_\_\_\_\_

List hospital(s) and date(s): \_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed with a learning disability? YES  NO

If YES, which one? \_\_\_\_\_ Are you being treated for this disability? YES  NO

Have you ever been diagnosed with Autism or Asperbergers? YES  NO

If YES, which one? \_\_\_\_\_ Are you being treated for this? YES  NO

Have you ever heard voices? YES  NO  If YES, date of last incident? \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Have you ever had visual hallucinations? YES  NO  If YES, date of last incident? \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Are you suicidal? YES  NO  Have you ever tried to commit suicide or engage in self-harm? YES  NO

If YES, date of last incident? \_\_\_\_\_

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

Have you ever been diagnosed with a Bipolar Disorder? YES  NO  If YES, which one? I or II? \_\_\_\_\_

Have you ever been a victim of a violent crime? YES  NO  Please explain: \_\_\_\_\_

\_\_\_\_\_

Please explain any relevant mental health history: \_\_\_\_\_

\_\_\_\_\_

List current prescribed or over the counter medications & reason for taking (attach additional sheets if needed):

Drug name	Dose & Time	Reason

On a scale of 1 to 10, how serious a problem do you think you have with drugs or alcohol? (circle one)

**No problem    1    2    3    4    5    6    7    8    9    10    Very serious**

On a scale of 1 to 10, how motivated are you to make changes in your life at this time? (please be honest)

**Not at all    1    2    3    4    5    6    7    8    9    10    Very motivated**

**SUBSTANCE ABUSE INFORMATION**

(This information must be completed for your application to be considered however it is completely confidential)

Please list in order of preference all drugs used; past to present. You may attach additional sheets if needed.

Drug	Age at first use	Amount used at peak	Date of last use

Are you currently attending AA/NA meetings? YES  NO

If YES, how many per week? \_\_\_\_\_ Date of last use of drugs or alcohol: \_\_\_\_\_

Have you ever been in a treatment program? YES  NO

Name: \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

How long? \_\_\_\_\_ Did you complete? YES  NO

If no... Why did you leave? \_\_\_\_\_

Have you ever lived in a recovery home? YES  NO

Name: \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

How long? \_\_\_\_\_ Did you complete? YES  NO

If NO, why did you leave? \_\_\_\_\_

Do you consider yourself an alcoholic / addict? YES  NO

Do you currently have a sponsor? YES  NO

Are you working or willing to work the 12 steps? YES  NO

Are you currently attending AA/NA meetings? YES  NO

If yes, how many per week? \_\_\_\_\_ Date of last use of drugs or alcohol: \_\_\_\_\_

## CORE VALUES

Our program is designed to help you live in a sober environment, immerse yourself in the program of AA or NA, and to help you live a healthy lifestyle. Recovery is possible if you are willing to follow the principles of any 12-Step program. Next Step Recovery requires residents to commit to a minimum of 90 days, however, the average length of stay is 6 months. Research shows that duration of stay increases the odds of staying clean and sober over a lifetime.

In any group of individuals, there must be standards for behavior and expectations for participation. At Next Step Recovery, these standards are based on practical needs. We want to help you build self-respect and foster self-discipline. Establishing a chemical-free community life with other residents is essential. At Next Step Recovery, you are responsible for your own treatment and recovery. You will become a part of a community with other recovering people where cooperation and consideration for others are the cornerstones of this program.

Our structured way of life requires 30 hours of work, school or volunteering per week, obtaining a sponsor and frequently AA/NA meetings, as well as following all the program guidelines during your stay. Next Step Recovery's standards promote self-discipline, which is required for full acceptance of any 12-step program. These standards are essential to your health, safety, and welfare. They are not to be viewed as disciplinary or punitive measures.

**AFFIRMATION**

I affirm that my answers and information provided by me in this application are true and accurate. I understand that if I am accepted, any misinformation and/or dishonest answer may be grounds for my dismissal.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

Admission Director's Review Date: _____	Advance to interview? YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO, reason for decline: _____	
_____	
_____	_____
<i>Admission Director</i>	<i>Date</i>



# APPLICATION FOR OCCUPANCY

## Corporate Apartment Occupant – Background Screening Only

Each person who is an occupant must fully complete a SEPARATE application and meet ALL rental qualification requirements for criminal background. A valid government issued photo ID is required with this application and at the time of move-in. A copy of your photo ID will be retained in the lease file.

(Please print and fill all blanks completely)

**To be completed by management**

APT NO \_\_\_\_\_ LEASING CONSULTANT \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_  
First Middle Last

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_

ARE YOU A UNITED STATES CITIZEN? \_\_\_\_\_ YES \_\_\_\_\_ NO DRIVER'S LICENSE NO \_\_\_\_\_ STATE \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ OTHER PHONE # \_\_\_\_\_ E MAIL: \_\_\_\_\_

**MINOR OCCUPANTS (must be under 18 years of age):**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

**EMERGENCY CONTACT:**

EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ OTHER PHONE # \_\_\_\_\_ E MAIL: \_\_\_\_\_

**A two (2) year residence history is required.**

**PRESENT ADDRESS** \_\_\_\_\_  
Street Apt. # City State ZIP

DATES FROM / TO \_\_\_\_\_ LANDLORD/MORTGAGE CO: \_\_\_\_\_

LANDLORD/MORTGAGE CO PHONE# \_\_\_\_\_ MONTHLY PAYMENT \$ \_\_\_\_\_ RENT/OWN/OTHER: \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_  
Street Apt. # City State ZIP

DATES FROM / TO \_\_\_\_\_ LANDLORD/MORTGAGE CO: \_\_\_\_\_

LANDLORD/MORTGAGE CO PHONE# \_\_\_\_\_ MONTHLY PAYMENT \$ \_\_\_\_\_ RENT/OWN/OTHER: \_\_\_\_\_

**VEHICLES:**

YEAR / MAKE / MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ TAG NO. & STATE \_\_\_\_\_ NAME REGISTERED IN \_\_\_\_\_

YEAR / MAKE / MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ TAG NO. & STATE \_\_\_\_\_ NAME REGISTERED IN \_\_\_\_\_

**PETS:**

DO YOU OWN ANY PETS? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, HOW MANY? \_\_\_\_\_

BREED / TYPE \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_



**Corporate Apartment Occupant – Background Screening Only**

**SCREENING QUESTION** - You must answer this question. If you answer "Yes" to this question, you must provide additional details.

Have you or anyone who will be living in the apartment ever been convicted, charged, arrested, indicted, plead guilty or no contest or received deferred adjudication or probation to felonies or misdemeanors related to Crimes against a Person, Drug offenses, Theft by Check, Worthless Check, Sexual offenses, Terroristic offenses, Prostitution offenses, Weapons offenses or Cruelty to Animals? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide additional details explaining any questions to which you answered "Yes": \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*MANAGEMENT RESERVES THE RIGHT TO ACCEPT / REJECT THIS APPLICATION BASED ON THE NATURE OF THE CRIME*

**CONSENT TO CRIMINAL BACKGROUND CHECK**

I hereby make application for occupancy of the described apartment unit on the terms specified.

Based upon your criminal background, your application will be accepted or rejected. If your application is rejected, you will be given the name, address, and telephone number of the consumer reporting agencies that provided your criminal background information to us.

I hereby consent to allow Provence Real Estate, LLC through its designated agent and its employees, to conduct a multi-state sex offender registry search, and to obtain and verify my criminal background history, for the purpose of determining whether or not to approve my occupancy for an apartment. I understand that should I take occupancy, Provence Real Estate, LLC and its agent shall have a continuing right to review my criminal background history for account review purposes and for improving application methods.

**I affirm the above information to be true and correct. All persons and / or firms named above may freely give any requested information concerning me, and I hereby waive all right of action for any consequence resulting from such information.**

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATEMENT OF RENTAL POLICY**

**EQUAL HOUSING OPPORTUNITY:** Provence Real Estate, LLC is an equal housing opportunity provider. This community does not discriminate on the basis of race, color, sex, national origin, religion, disability, or familial status. Provence Real Estate, LLC fully supports and complies with the Federal Fair Housing Act and all local and state laws regarding fair housing.

**IDENTIFICATION:** Valid government issued photo identification is required for all applicants. Non-U.S. citizens are required to submit INS documents for verification. Acceptable forms include:

- Form I-551 Permanent Resident Card
- Form I-688 Temporary Resident Card
- Form I-688A Employment Authorization Card
- Or any INS replacement of these three (It is also required that INS Form I-94 Arrival/Departure record be accompanied by a passport and visa from the applicant's home country)

**CRIMINAL BACKGROUND HISTORY:** All Applicants and occupants 18 years of age or older who will be occupying an apartment must meet the applicable criminal background qualification criteria and consent to a criminal background check. Each of the applicants and occupants 18 years of age or older who will be occupying the apartment must score a "pass" on their criminal background check.

If your application is rejected based on the discovery of public records that indicate an unacceptable criminal background, you will be given the name, address and telephone number of the consumer reporting agency that provided the criminal background report. An applicant rejected based on such a criminal background report, is encouraged to obtain a copy of the report, correct any erroneous information that may be on the report and submit a new application to this community for further consideration. **Our policy of performing criminal background screening during the application process does not constitute a representation, warranty, or guaranty that all other occupants and occupants living in the apartment community have no criminal histories.**

**OCCUPANCY POLICY:** This policy has been approved by the GA Commission on Equal Opportunity for use only at properties managed by Provence Real Estate, LLC until further notice by the Commission. No more than two (2) persons per bedroom or sleeping space shall be permitted to occupy an apartment. A child or infant who is under the age of twelve (12) months (including an unborn child) at the time of leasing or renewing an existing lease will not be counted in determining the maximum number of persons who may occupy an apartment.



**Corporate Apartment Occupant – Background Screening Only**

The exception of not counting an infant under the age of twelve months only applies to one child, and does not apply when there is more than one child under the age of twelve months (such as twins, triplets, or two or more children under age twelve months). At the time of renewal, a child who is at least twelve (12) months old will be counted as an additional person for purposes of determining the maximum occupancy allowed. If there are two (2) or more children under the age of twelve (12) months, then they will be considered as additional persons under the standard. Two persons who wish to rent a one-bedroom apartment are allowed to do so even though the mother is pregnant and will deliver during the lease term. Two persons who wish to rent a one-bedroom apartment and already have a child who is under twelve (12) months of age at the time of leasing or renewal are allowed to do so.

Residents who have exceeded the occupancy restriction are not required to “upgrade” (move to a larger apartment) until the end of their current lease or renewal term (not including any month to month automatic renewal extensions).

**Maximum Occupancy Allowed**

- One Bedroom: 2 persons plus one infant under the age of twelve (12) months
- Two Bedrooms: 4 persons plus one infant under the age of twelve (12) months
- Three Bedrooms: 6 persons plus one infant under the age of twelve (12) months

**RENTER’S INSURANCE:** Residents are required to purchase and maintain a renter’s insurance policy which insures the occupants’ personal property and provides minimum liability coverage of \$100,000 for damages to the apartment or building. Some communities also require a minimum coverage for contents, and automobile insurance which provides the minimum liability coverage required under state law, as well as both collision and comprehensive coverage for damages to or theft of occupant’s car. Occupant acknowledges that he/she has been advised to obtain renter’s insurance and further acknowledges that the Provence Real Estate, LLC is **not responsible** for any personal belongings that are damaged due to disaster or incident that may occur in their apartment including but not limited to fire, storm damage, car damage, break-ins, flooding, falling trees or limbs, roof leaks and sewer back-ups. Occupant further acknowledges that they are solely responsible for obtaining, making payment for, and maintaining coverage of renter’s insurance during their occupancy.

**VEHICLES:** Parking is permitted as follows: Only one vehicle per licensed Resident is allowed (as space permits within the community). Additional parking spaces may be rented if available. Boats, trailers, commercial vans and campers are not permitted to be parked on the property at any time except, if available, in designated parking areas only. Unsightly or inoperable vehicles are not permitted and may be towed at owner’s expense by management. Such unsightly or inoperable vehicles are determined at the sole discretion of management. Each applicant agrees to be bound by and sign all addenda to the lease that pertain to parking rules and regulations.

**PETS:** Pets are prohibited unless applicants comply with the following regulations and obtain management’s express written approval. Pet Agreement must be signed and followed. Limit of 2 pet(s) per apartment. Pets shall not exceed 100 pounds at full maturity. Pets must be commonly recognized as an accepted domestic pet. Pets must be spayed or neutered. Residents are responsible for having dogs leashed at all times and cleaning up after their pets. A pet deposit and/or fee of \$\_\_\_\_\_ is due prior to a pet entering an apartment and monthly pet fees may be established.

**CORPORATE APARTMENT:** By taking occupancy in a Corporate Apartment, you hereby accept the terms of the lease that the leaseholder has agreed to.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent for Management

\_\_\_\_\_  
Date

**APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE**

THIS APPLICATION FORM RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

THIS APPLICATION  APPROVED

NOT APPROVED

MANAGER’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Applicant Notified By \_\_\_\_\_ Date / Time Notified \_\_\_\_\_

