



Soteria House Residency Application

Please fill out your information below.

PERSONAL INFORMATION

Applicant Name: _____
First Name Middle Name Last Name

DOC #: _____ **SSN #:** _____ **Projected Release Date:** _____

Birthdate: _____ **Place of Birth:** _____ **Age:** _____ **Gender:** _____ **Race:** _____

Last Permanent Address: _____
Street Address City State Zip

Current Address: _____
Street Address City State Zip

Marital Status: _____ **Spouse's Name:** _____ **Location of Children:** _____

of Children: _____ **Education Level:** _____ **Religious Affiliation:** _____
Total // #Girls , #Boys

Health Conditions: _____

Current Medications: _____

History of Dependencies (Drug/Alcohol/Inhalants/Other)* _____

Current Use/Treatment: _____

Reason for applying for Residency: _____

Name 3 Dangerous Locations for you: _____

Employment History: _____

Other Special Training & Skills: _____

Current Assets: _____ **Current Debt:** _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____
First Name Middle Name Last Name

Address: _____
Street Address City State Zip

Phone #: _____ **Alternate Phone # :** _____ **Relationship:** _____

MILITARY SERVICE

If you did not serve in the military, please continue to the next section.

Military Service Start Date: _____ **End Date:** _____
Month Date Year Month Date Year

Branch: _____ **Type of Discharge:** _____

JAIL & PRISON HISTORY

Describe arrest, dates, offenses, disposition of case, convictions, sentences.*

Current Status (Parole, Probation, etc.): _____ **Any Current Warrants:** _____

REFERENCES

A family member and a close friend who knows you well enough to comment on your honesty and integrity:

REFERENCE 1: _____ **Relationship:** _____
First Name Middle Name Last Name

Address: _____ **Phone #:** _____
Street Address City State Zip

REFERENCE 2: _____ **Relationship:** _____
First Name Middle Name Last Name

Address: _____ **Phone #:** _____
Street Address City State Zip

ESSAY

On a separate sheet of paper, write a one-page essay about yourself, short term and long term goals.

SIGNATURE

All statements above are true to the best of my knowledge, & I understand that any false statements will result in automatic denial.

Applicant Signature Signature Date

Soteria Program Director Signature Signature Date

Soteria CEO Signature Signature Date