



Garden Home

M • I • N • I • S • T • R • I • E • S

We provide holistic care for female victims of sexual exploitation and trafficking!

Rental Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Sobriety Date: _____ Sponsor Name.: _____ Home Group: _____

Inpatient Treatment: _____

Are you currently on probation? YES NO Do you have any mental health problems? YES NO

Could you pass a drug test today? YES NO If yes, list medication? _____

Do you have past criminal charges? YES NO

If yes, explain: _____

Family Support and Information

Names of children: _____
How many children? _____

Ages: _____ Custody? YES NO Living with: _____

Family Support: _____

Names: _____ Sober Relationship? YES NO : _____

References

Please list three references.

Full Name: _____ Relationship: _____
Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Phone: _____

Address: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ :

May we contact your supervisor for a reference? YES NO

Additional Financial Income

Child Support: _____ TANF: _____ SSI/SSD: _____

Veterans Benefits: _____ Unemployment: _____

If other than listed, explain: _____

Signature

*I certify that my answers are true and complete to the best of my knowledge.
I understand that recovery is my number one priority and I will continue to work towards a healthy lifestyle to gain independence in my life.*

Signature: _____ Date: _____

Questions:

How did you hear about GHM? Why are you interested?

What steps have you taken to prepare yourself to live in a housing program?

What are your personal goals and how will you achieve them?

How do you deal with anger, stress and getting along with others?

How would you describe your addiction and behaviors?

Have you experienced trauma, loss of loved one or abuse (emotional or physical)? What steps are you taking to heal?

How would you describe yourself in 100 words?

HIPAA Compliant Statement

Garden Home Ministries strictly follows the guidelines of the Health Insurance Portability and Accountability Act (HIPAA). The contents of your faxed communication

are protected by state and federal law. This privileged and confidential information is intended only for use by the Garden Home Ministries staff to fulfill your request.

Garden Home Ministries is committed to your online security. We use technology to securely process information via our online forms. We follow a strict standard for protecting and encrypting private data sent over the Internet. In other words, we keep your information safe.