

Amount of other income: \$ _____ per month

List your 2 most recent residences:

_____	From _____ to _____
Name/Address of House	Dates of stay
_____	_____
City/State	Reason for Leaving
_____	From _____ to _____
Name/Address of House	Dates of stay
_____	_____
City/State	Reason for Leaving

Emergency Contact Information- (In the case of relapse both contacts will be notified)

_____	_____	_____
Name	Phone #	Relationship
_____	_____	_____
Name	Phone #	Relationship

I hereby apply for membership and acceptance to the Holyoke House. By signing below I certify the information I provided to be correct and that I understand the condition of my residency as stated in the house rules – a copy of which I was provided.

_____	_____
Signature	Date

PLEASE NOTE THAT:

Holyoke Haven Sober Living Community will require immediate discharge of any member who is found by majority sober community vote and or decision of the Holyoke Haven contact person to be:

1. USING ALCOHOL OR ILLEGAL AND UNPRESCRIBED DRUGS
2. REFUSAL TO TAKE A DRUG AND OR ALCOHOL TEST
3. NEW RESIDENTS MUST SPEND THE FIRST 30 NIGHTS AT HOLYOKE HAVEN.
4. IN DEFAULT OF WEEKLY HOUSE PAYMENT SHARE OF EXPENSES
5. GUILTY OF DISRUPTIVE BEHAVIOR

CODE OF RESPONSIBILITY

- A MEMBER OF HOLYOKE HAVEN IS NOT A TENANT BUT RATHER A *MEMBER* OF A SOBER LIVING COMMUNITY. SUCH A RESIDENT IS NOT ENTITLED TO ANY OF THE RIGHTS AND PROTECTION PURSUANT OF A TENANT UNDER MAINE GENERAL LAW. THIS IS NOT A LEASE BUT AN APPLICATION TO JOIN A SOBER LIVING COMMUNITY.
- HOLYOKE HAVEN REQUIRES THE FIRST WEEK RENT \$110.00 TO BE PAID AT THE YOU MOVE IN.
- THIS IS A NON-REFUNDABLE FEE AND YOUR SHARE OF THE HOUSE FEES ARE DUE WITHOUT EXCEPTION, ON EACH SUNDAY BY 4PM.
- RENT IS \$110.00 FOR ALL RESIDENTS (DUE BY SUNDAY AT 4PM)
- HOUSE FEE IS \$20.00 FOR ALL RESIDENTS (DUE BY SUNDAY AT 4PM)
- HOLYOKE HAVEN HOUSE IS NOT RESPONSIBLE FOR ANY PERSONAL BELONGINGS OF MEMBERS
- ALL RESIDENTS MUST ATTEND WEEKLY HOUSE MEETING EVERY WEEK (EXCEPTIONS- ONLY BY HOUSE PRESIDENT'S APPROVAL)
- NEW RESIDENTS MUST BE IN THE HOUSE BY MIDNIGHT FOR THE FIRST 30 DAYS.
- MUST SUBMIT TO RANDOM QUICK CUP DRUG TESTS IF VOTED BY MAJORITY OF THE HOUSE RESDIENTS.

I have read and understand this application; I am applying to become a member of the Holyoke Haven House and not an officially recognized tenant of a property in the State of Maine and County of Penobscot, City of Brewer. I agree to abide by the rules of the house as stated above.

By signing below, I certify the information I provide to be correct and that I understand the condition of my residency as stated in the house rules a copy of which I was provided.

DATE: _____ SIGNATURE: _____