



APPLICATION

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Or mail to: 2341 East Pleasant Street, Davenport Iowa 52803

PLEASE PRINT LEGIBLY!!!

NAME: _____ BIRTH DATE: _____ AGE: _____ TODAY'S DATE: _____

HOME PHONE #: _____ CELL PHONE #: _____

ABLE TO SAFELY SLEEP ON TOP BUNK? YES: _____ NO: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOW LONG: _____

STATE # IF APPLICABLE: _____

RENT: _____ UTILITIES: _____

EMPLOYER'S

NAME: _____ INCOME: _____ PHONE: _____

EMPLOYER'S ADDRESS: _____ LENGTH OF EMPLOYMENT: _____

OTHER INCOME SOURCE(S): _____ AMOUNT _____

COUNSELOR'S NAME & EMAIL: _____

ADDICTIONS or DRUGS USED (including alcohol): _____

EVER CONVICTED OF ANY VIOLENT CRIMES: _____

ARE YOU ON THE SEX OFFENDER REGISTRY: _____

DO YOU HAVE ANY PENDING CHARGES OR LITIGATIONS: _____

HAVE YOU EVER BEEN TO UNITY HOUSE BEFORE: YES: _____ NO: _____

ARE YOU A VETERAN: YES: _____ NO: _____

SOBRIETY DATE: _____ SPONSOR'S NAME: _____ HOW LONG: _____

PROBATION OFFICER'S NAME: _____ PH. NUMBER: _____

DOCTOR'S NAME: _____ PHONE NUMBER: _____

PRESCRIBED MEDICATIONS: _____

ALLERGIES: _____

The above statements are true and accurate. By signing this application, I authorize reference disclosure only for purposes of joining the Unity House of Davenport.

APPLICANT SIGNATURE: _____ DATE: _____