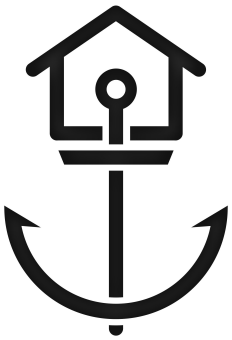

ANCHOR SOBER LIVING LLC.

Resident Application

Date:_____

Applicant Information

Full Name*: _____ DOB.:_____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Are you able to access your email? YES ☐ NO ☐

Are you currently in an inpatient treatment, incarcerated, etc? * YES ☐ NO ☐ If so, when is your expected discharge date? _____

Do you have any violent, sexual, or arson based FELONY convictions? * YES ☐ NO ☐

If yes, explain: _____

Health Information

Are you on any medications regardless of whether they are over-the-counter or not?* YES ☐ NO ☐

If so, list medications you take and why you take them:

-

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in my release.

Signature: _____ Date:_____