## **MAIN OFFICE:**

A&Y Sober and Independent Living

1843 Doran St,

San Diego. CA, 92154

## **CONTACT INFO:**

Office: (619) 782-1949

www.aysoberind.com

info@aysoberind.com



## **APPLICATION FOR HOUSING**

Applications can be mailed or emailed to above. Once you receive a "Letter of Acceptance" and would like to reserve a bed, please mail the first month's guest fee plus the application fee at least 10 business days before move-in. For your convenience, payments can be made on our website for a 3% fee. You can also make payments in person at our office between 8:00 am and 4:00 pm (M-F). Money orders should be made payable to A&Y Sober and Independent Living. No checks will be accepted. (All payments are non-refundable).

	Topper:	Termer: _		Rider:		_		
Today's Date:		_		IDOC or LE #	! 			
Name:					_	Gender:	Мс	r F
	PLEASE PRI	NT CLEARLY						
Address:				City	·:			
State:	Zip:		Email: _					
Date of Birth:		Age:		Phone:				
Emergency Contact:								
Have you previously	resided at A&Y S	Sober and Indepe	endent Li	ving? Yes	or	No		

Are you an alcoholic/addict?	Drug(s) of Choice:
Date of Last Use:	
Date Housing Needed:	- Please give a real date of expected arrival and/or release.
	,
How will your first month be paid?	
IDOC Funded: Private/Self-pay: _	
List any medications you are prescribed:	
Have you been convicted of a misdemeanor or	felony? Yes or No
Were you under the influence of drugs/alcoho	I when the crime was committed?
Yes or No	
List all charges:	
Also: Please explain in detail any violent charge	es:
Name of Case Manager, if applicable:	
Will you be on probation or parole while in hou	ısing?
Yes or No	
Name of County you will be reporting to:	
Probation/Parole Officer Name, if known:	

Do you have any special accommodations? If so, please explain:
I have completed this application to the best of my ability and answered all questions honestly. I have
read all materials provided to me and understand that by signing below, I am agreeing to follow all
A&Y Sober and Independent Living house rules and policies. A copy of the House Rules has been provided to me as part of this application. When I am accepted to A&Y Sober and Independent Living, and take residency, I agree to hold harmless A&Y Sober and Independent Living, corporate officers, property owners, independent service contractors, and all service providers from all claims, actions, and
liabilities.
I authorize A&Y Sober and Independent Living to exchange information as needed with any government or private parties and/or their representatives as it relates to the application process and housing status while living at Rising Sun Sober Living. I understand and agree that all payments to A&Y Sober and Independent Living are non-refundable. Reasonable accommodations for people with disabilities will be provided upon request.
I have read both statements above, understand their contents, and voluntarily agree to their terms.
Print Name:
Signature:
Date:
Thank you for choosing A&Y Sober and Independent Living as your housing provider. If you have any questions, feel free to contact us at (619) 782-1949 or write to us. A response letter will be sent within

48 hours of receipt and will provide instructions for "Move-in Day." We look forward to meeting you soon.