



HOUSE OF JOSEPH

A new way home

Client Application

Name (last) _____ (First) _____ (MI) _____

Current Address _____ City _____ State _____

Last Address: _____ City _____ State _____

SSN: _____ Drivers Lic. # _____ State _____

Phone

Number: _____ Date of birth ____/____/____

Height _____ Weight _____ Veteran? Yes _____ No _____ if yes, which branch? _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Never Married _____

Dependents : How Many _____ Are you involved with your children? _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Do you have three or more references that will materially support you? Please list them:

Name _____

Name _____

Phone No: _____

Phone No: _____

Address: _____

Address: _____

Name _____

Name _____

Phone _____

Phone: _____

Address: _____

Address: _____

Have you been incarcerated? Yes _____ No _____ If yes, how long _____ Release date _____
What were you charged/convicted of? _____
Are you on Parole/Probation Yes _____ No _____ If yes, how long _____
Did you work while incarcerated? Yes _____ No _____ If yes, where? _____

Work History

1) Current Employer: _____ Phone No. _____
Address : _____ How Long _____

2) Type of work _____
How long: _____

3) Type of work _____
How long _____

Medical Information:

List any physical impairments/limitations _____

List current prescription drugs you are currently taking _____

Do you have insurance? Yes/No If yes, who is your carrier _____

Emergency Contact:

Name _____ Phone: _____

Name _____ Phone: _____

I agree to a month to month fee for program participation at ____ 3120 Berry Ct., Raleigh, NC 27610
____ 510 Ashford St., Raleigh, NC 27610

with the understanding that I may be asked to leave the premises upon violation of any of the house rules.

Please print your name _____

Signature _____ Date _____

For Office Use Only

Approved _____ Deposit paid \$ _____ Fee collected \$ _____

Fee payment schedule: ____ Monthly amt _____
____ Bi-weekly amt _____
____ Weekly amt _____

Denied ____ Reason for denial: _____

HOUSE RULES AND GUIDELINES FOR RESIDENTS OF THE HOUSE OF JOSEPH

This lease agreement is month to month and rules are subject to periodic updates

- 1) You are required to seek, get and maintain gainful employment.
- 2) You are required to be active in church and Bible Study.
- 3) **There will be no use or possession of mind-altering substances, legal or illegal nor possession of drug paraphernalia. Possession of over the counter medication must be approved by staff. Violation of this rule will result in immediate dismissal by staff. We will administer breathalyzer and or drug screens at any time. House of Joseph is a smoke-free, drug-free and alcohol-free environment.**
- 4) In order to ensure a drug-free environment, personal possessions may be inspected at any time.
- 5) No gambling is allowed.
- 6) No stealing will be tolerated.
- 7) There will be no smoking or use of tobacco products while at the House of Joseph, except in the designated area.
- 8) No viewing pornography of any kind.
- 9) **All grounds and facilities are to be kept clean. You will be expected to pay for any item that is damaged or destroyed.**
- 10) Cleanliness and orderliness of yourself and your possessions are your personal responsibility. Periodic inspections are conducted.
- 11) You may not be absent from a meeting or work assignment, unless you are excused in advance.
- 12) No firearms or other weapons will be brought to House of Joseph. No pocket knives are allowed.
- 13) Residents are required to wash their bed linens and personal clothing at least once a week.
- 14) Use of the telephone will be held to a minimum.
- 15) All residents are required to do his share of the kitchen, household and yard duties. Any mess you make, you clean up promptly.
- 16) You may not sub-lease any portion of this property for any reason.
- 17) **All visitors must be approved by staff. Visitation will occur in the common areas of the house (living room and dining room only) and must be gone no later than 11 p.m. to respect other housemates.**
- 18) **THERE WILL BE NO VISITORS ALLOWED TO STAY OVERNIGHT. If the staff finds this policy has been violated you (and your guests) will be required to leave the property immediately.**
- 19) You are expected to follow all rules of the HOJ Transition House as well as all local, city, state and federal laws.
- 20) There may be other items that need to be discussed or other rules that need to be established based on your individual needs or situations that arise in the house. We are available at most times for prayer, advice, or to discuss any problems. Let us work together in the spirit of Christian love.

I understand that House of Joseph staff and its authorized personnel/representatives reserve the right to require that I vacate the premises immediately for any reason including violating any of the rules stated above. Please sign and date this form. If you have any questions feel free to contact us.

Signature: _____ Date: _____

