



SURRENDER, LLC
Transitional Living Application
Kingsport, TN _____

Applicant Information

Full Name: _____

Date of Birth: // _____

Social Security Number: _____

Phone Number: _____

Email Address: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Applicant: _____

Background Information

Have you ever been to jail? ☐ Yes ☐ No

If yes, Where/when: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: _____

Are you currently on probation or parole? ☐ Yes ☐ No

If yes, name of probation/parole officer: _____

Phone: _____

Do you have any pending court cases? ☐ Yes ☐ No

If yes, please explain: _____

Are you currently taking any medication? Please list: _____

Housing & Financial Information

Current Living Situation:

Do you have a stable income? ☐ Yes ☐ No

If yes, source of income: _____

Monthly Amount: _____

Are you able to pay the weekly rent of \$150? ☐ Yes ☐ No

Employment & Education

Are you currently employed? ☐ Yes ☐ No

Are you on disability or social security? Or receiving any other benefits? ☐ Yes ☐ No

If so: explain:

Employer Name: _____

Position: _____ Start Date: _____

Supervisor's Name: _____ Phone: _____

Highest Level of Education Completed: ☐ GED ☐ High School ☐ College ☐ Other:

Health & Recovery

Do you have any medical conditions? ☐ Yes ☐ No

If yes, please explain:

Are you currently receiving any treatment for mental health or substance use? ☐ Yes ☐ No

If yes, please provide details:

Are you in recovery from substance abuse? ☐ Yes ☐ No

If yes, how long have you been sober? _____

What is your sobriety date? _____

What was/is your DOC? _____

Do you have a sponsor or counselor? ☐ Yes ☐ No

If yes, Name: _____ Phone: _____

Surrender, LLC will provide a list of names for approved sponsors.

Do you own a vehicle? ☐ Yes ☐ No Make, Model, year, color:

Do you have a drivers license? ☐ Yes ☐ No DL #: _____

Marital Status: _____

Have you completed a treatment program? _____

Where?: _____

I have the following communicable diseases: _____

Are you affiliated? ☐ Yes ☐ No

If so, what affiliation? _____

Are you a Veteran? ☐ Yes ☐ No

Branch?: _____

What is your religious belief? _____

Are you able to pay the \$150 deposit? ☐ Yes ☐ No

Program Expectations

Surrender, LLC is a transitional living program designed to help individuals become self-sufficient in society. By signing below, I acknowledge that I will be expected to:

Follow all house rules and guidelines

- ✓ Pay rent on time
- ✓ Participate in required programs (job training, financial literacy, AA/NA/DAA meetings, etc.)
- ✓ Maintain a substance-free environment
- ✓ Contribute to a positive and supportive community

Church or spiritual guidance meetings are recommended on Sunday mornings. If you do not have a church, you can go with Jason and Faith to the bridge.

Signature: _____

Date: // _____

Office Use Only

Application Received By: _____ Date: // _____

Approved ☐ Yes ☐ No

Move-in Date: // _____

Additional Notes: _____
