



RECOVERY HOUSING DEPOSIT ASSISTANCE APPLICATION

Today's Date: _____

First & Last Name: _____

Email: _____

Phone Number: _____

Name of Recovery Residence: _____

Estimated Move-In Date: _____

House Manager's First & Last Name: _____

House Manager's Phone Number: _____

Case Manager or Peer Recovery Specialist Name: _____

Case Manager or Peer Recovery Specialist Phone Number: _____

Deposit Request Calculation (Line 1 – Line 2 = Amount Requested):

1. Total Deposit Amount Required by Your Recovery Residence at Move-in: \$ _____
(DO NOT include rent, program fees, admin fees, or any other expenses)

2. Amount of Deposit That Will be Paid by Yourself/Family/Friends/Charities: \$ _____

3. Total Amount of Deposit Assistance Requested (Line 1 – Line 2): \$ _____



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Tell Us About Yourself! What would you like us to know?

(Sober Date, recovery journey, motivations, recovery plan, current living situation, etc.)

(USE THE BACK OF PAGE 2 IF YOU NEED MORE WRITING SPACE)



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Application Process Policy - PLEASE READ!

- Before starting your application, please visit the Minnesota Association of Sober Homes (MASH) Member Directory Lists and confirm that your sober house is on this list: www.mnsoberhomes.org/directory/ If you do not see your sober house listed, we CAN NOT process your application.
- We will only communicate with applicants via written communication, so please do not call. If you have questions, please email us at: info@pinkcloudfoundation.org
- All applications for financial assistance **MUST** be submitted by the **21st of each month**. (Please be as thorough as possible when filling out your application. Any inaccurate or missing information, or incomplete applications, will only delay your application, and may require Pink Cloud Foundation to roll your application over to the following month).
- After the 21st of the month, information provided on the application will be validated with the sober house manager/owner.
- After validation, all applications will be sorted by the "amount requested" from LEAST AMOUNT to MOST AMOUNT requested.
- Applications with the **LEAST** amounts requested will be paid **FIRST**. (This allows Pink Cloud Foundation to maximize donations by helping the most number of applicants as possible each month).
- All applicants will be notified by the **LAST** day of each month.
- Payment arrangements will then be made between Pink Cloud Foundation and the sober house manager/owner.
- In the event that enough funds are not available, applications will be rolled over to the following month.

TIP: To increase the likelihood of receiving financial assistance, it is **STRONGLY** encouraged to **NOT** request the full 100% of your sober deposit. We suggest requesting assistance from family, friends, social media, fundraising campaigns, or other charitable organizations (including yourself). We recognize that everyone's financial situation is different, but have found that those who help finance their own sober deposits, even in only small amounts, have much higher success rates in sober-living.

Financial Assistance Policy - PLEASE READ!

- Financial assistance from Pink Cloud Foundation is only for payment of sober/security deposits to a MASH-approved sober house. Financial assistance will not be provided for Rent, administrative fees, program fees, or any other expenses.
- Pink Cloud Foundation partners exclusively with sober houses that are registered members in good-standing with the Minnesota Association of Sober Homes (MASH). To view the MASH Member Directory, please visit their website: www.mnsoberhomes.org/directory/, see our "[RESOURCES](#)" tab, or click on the "MASH MEMBER DIRECTORY" button below.
- Pink Cloud Foundation **DOES NOT** discriminate on the basis of age, race, gender, gender identity, sexual orientation, criminal history, health status, employment status, marital status, family status, veteran status, creed, or religion. All demographic questions are optional and voluntary. This information is kept private and only used internally to learn more about the communities in which we serve, and assist us in applying for private and public grants.
- All requests for financial assistance are communicated confidentially solely between agents of Pink Cloud Foundation, agents of the Treatment Facility/Program, Correctional Facility, Case Manager, Counselor, the Applicant, and/or Sober House Manager/Owner.
- Due to the nature of our organization, and to allow for as many participants as possible, funds will only be awarded to each recipient **ONCE** during a 365-day period.

****By submitting this form, you attest that all the information provided is accurate and true. You acknowledge that any funds awarded will be given directly to the MASH-approved Sober House of your choosing from Pink Cloud Foundation via check, and under no circumstances will funds be provided to you directly. Lastly, you acknowledge and understand that Pink Cloud Foundation is funded 100% by private donations, corporate donations, and state/federal grants, therefore, financial assistance provided is solely dependent upon the current availability of funds.****



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Have you **READ, UNDERSTAND, and AGREE TO** our “Application Process Policy” AND “Financial Assistance Policy”? *(Page 3 of this Application):*

The Following 4 Questions Are Optional! Providing this data helps us to identify the populations in which we serve, and allows us to secure future funding from private and public businesses, corporations, and organizations, including state/federal grants, so that we can keep our programs open to all who need it.

What is your age? *(Under 18 • 18-24 years old • 25-34 years old • 35-44 years old • 45-54 years old • 55-64 years old • Over 65 years old):*
(Optional)

How do you describe your gender? *(Male • Female • Transgender • Non-Binary • Other):*
(Optional)

How do you describe your ethnicity? *(Native American • Asian • Black/African American • Latino • Pacific Islander • White • Biracial • Other):*
(Optional)

How do you describe your sexual orientation? *(Straight • Gay • Bisexual • Other):*
(Optional)

Send Completed Application Form to:

info@pinkcloudfoundation.org