MULLIGAN HOUSE LLC, Housing application

Please fill out completely. More information will increase your odds of approval.

Personal Information	
Full Name	
Date of Birth	
Inmate Number	
Phone Number	
Email Address	
Date of Release (EOS)	
Current Living Situation	
Are you currently on probation, parole, community control, conditional release, or any other form of supervision? If yes, please explain. Include the name of your PO.	

CORRECTIONAL INSTITUTION INFORMATION

Please provide the name of the correctional institution where you are currently housed , along with the name and contact information of your classification officer, case manager, counselor, reentry specialist, or other staff member familiar with your case.

Institution Name	
Staff Member Name	
Job Title	
Phone Number	
Email Address	
Other Information	

FINANCIAL PLAN

In the categories below, list the monthly dollar amount you expect to receive after your release. Leave any categories that do not apply to you blank.

Employment income	
Social Security or disability benefit	
Pension or veterans' benefits	
Savings	
Family support	
Any other expected source of income	
Total monthly income expected	

FINANCIALLY RESPONSIBLE PERSON

Person helping with your rent and down payment.

Full Name	
Relationship	
Phone Number	
Email Address	
Describe conversations you have had with them regarding their willingness to support you.	

Emergency Contact

If your Emergency Contact is the same person listed above as your Financially Responsible Person, you may leave this section blank.

Full Name	
Relationship	
Phone Number	
Email Address	

HOUSING EXPECTATIONS AND LIVING NEEDS

Are you willing and able to:	
Sharing a house with others?	Yes or No
Sharing a bathroom and kitchen?	Yes or No
Make your own meals and clean up?	Yes or No
Clean the kitchen and bathrooms?	Yes or No
Navigate stairs?	Yes or No
What accommodations do you need?	
List disabilities, limitations, medical conditions or any special housing needs:	
Do you use any of the following?	
Wheelchair	Yes or No
Walker	Yes or No
Cane	Yes or No
Oxygen Equipment	Yes or No
CPAP machine	Yes or No
Other? Please list	

PERSONAL GROWTH DURING INCARCERATION

What programs, classes, treatment, counseling, vocational training, educational courses, faith-based programs, or other self-improvement activities have you participated in while incarcerated?

Who has been most helpful to you during your incarceration? (Examples: counselors, other inmates, teachers, clergy, mentors, family members, or support groups.)

What lessons or skills did you learn that will help you succeed after release?

EMPLOYMENT AND CAREER GOALS

What skills, training, education, certifications, licenses, trades, or work experience do you have that could help you earn an income after release?
Please describe your employment history, including jobs you have held, military service, volunteer work, apprenticeships, or other experiences that have prepared you for work. Include the work you did while incarcerated.

What field of work would be the best fit for you long term?	

Given your education, past employment and criminal record could you realistically expect to succeed in this area? Explain.

FIVE-YEAR GOALS

Where do you hope to be five years from now? Please describe the life you hope to build and the goals you hope to achieve over the next five years.

ALCOHOL AND DRUG HISTORY
Please describe your history with alcohol and/or drug use, including any periods of sobriety, treatment, recovery programs, and your commitment to maintaining sobriety after release.

House Rules and Signature
1. Your room should be kept clean.
2. You may not bring additional furniture into your room or modify existing furniture.
3. A bicycle may be stored near your door. No other belongings may be stored outside.
4. No drugs or alcohol are permitted on the property.
5. Smoking and vaping are only permitted in designated areas.
6. No guests or visitors are allowed on the property.
7. No sexual relations are allowed on the property.
8. No firearms or weapons are allowed on the property.
9. No minors are allowed on the property.
10. Be kind to others in our community.
11. Trash must be moved directly to the dumpster.

By signing below, I certify that the information in this application is true and correct to the best of my knowledge. I agree to follow all Mulligan House rules and understand that providing false information may result in my application being denied or my removal from the program.

Signature	
Date	

Please Scan this completed application and e-mail to: Mulligan.House.LLC@gmail.com. Be sure to include all 5 pages.
Questions? Call 904-834-8411