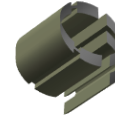


# Hoffman Hall

Sober Living Homes



Trevor Hoffman  
508 Tennessee NE #A  
Albuquerque NM 87108  
Office: 505-265-5122  
Cell: 505-554-9098  
HoffmanHall\_LLC@hotmail.com

## Residency Application

### Applicant Information

Name:		Phone Number:	
Birth date:	Age:	Case manager and phone:	
Current Address:			
City:	State:	Zip Code:	

### Employment/Education/Income Information

What kind of work do you do/have you done in the past?
Will you be receiving state assistance for the first month?
Explain any physical/mental health issues that would prevent you from working?
If you do not obtain a job how do you plan on paying for your rent?
Will you stay free of any drug that will not allow you to pass a drug test including suboxone, methadone, or any other medication that is either prescribed, or obtained illegally?
Now that you will be free, what goals do you have for yourself?
1.
2.
3.

### Legal Information

List all Felony Convictions:
Who is your parole or probation officer?

I attest to the fact that I have been completely honest with all information and in answering all of the questions on this application. I have read the rules of Hoffman Hall and will follow them, knowing that if I do not, I will be responsible for rent being forfeited and possible violation of my parole or probation.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_