

The Sober Living Network

P.O. Box 5235, Santa Monica, CA 90409 (310) 396-5270 Fax (310) 584-4540

E-mail: fieldoffice@lacscl.org Web Site: www.soberhousing.net

Safe & Healthy Homes – Application for Assistance

Please fill out and mail, fax or scan and email the completed application to the Network Office. If you have any questions about eligibility, covered items or about the process in general, please call the Network.

A Network representative will call you to review the details of your application once we receive it.

SL Home Name: _____ Date: ____/____/____

Location Address: _____

City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip: _____

Contact person: _____ Email _____

Telephone: (____)____-_____

Secondary contact (optional): _____ Email _____

Telephone: (____)____-_____

OPERATOR TYPE:

- Nonprofit corporation: (Name) _____
- Partnership or corporation: (Name) _____
- Sole proprietorship: (Name of owner) _____
- Affiliated with Alcohol & Drug Program? If yes, Name of Program: _____

OCCUPANT CAPACITY: ___ women ___ children Southern California Coalition Member?: yes no

RESIDENT FEE: Basic Monthly \$ _____ Date Home Started: ____/____/____

Describe the need (use additional sheets or the back of the application if necessary):

Estimated cost:

I hereby verify the above information is complete and correct.

(Signature) Sober Living Home Operator

Date

-----For Network Use Only -----

Application checklist

- Current home status
- Applicant interview

Application reviewed by: _____ Date: _____

Application and supporting materials complete?: Yes No Date sent for Committee review: ____/____/____

- Approved
- Approved w/ modifications
- pending
- declined