



## HOUSE OF HOPE RECOVERY RESIDENCE APPLICATION

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If you are seeking sober living in one of our Recovery Residences, you must meet all of the following criteria prior to filling out an application and scheduling an interview.

**Please note:** We do not accept applicants who are currently incarcerated and/or in a treatment program outside of Franklin County.

**You must currently be a franklin County resident** and:

1. You must be sober for a minimum of 90 days, but we prefer longer.
2. You must be employed and able to pay \$85 weekly or \$340 monthly prior to setting up an interview. If you are on disability you will be required to participate in at least 20 hours of work, volunteer or educational activities.
3. You must be currently working a 12 step program, attending at least four meetings a week and working the steps with a sponsor
4. You must interview with the current residents. The interview process is to see how committed you are in working your 12 step program and will you be a positive asset to the house. Following the interview, the current residents will take a vote – you will be notified within 24 hours with the results and if accepted you will be able to move in immediately.

**If you meet the above criteria, please fill out the attached application and we will contact you to set up an interview.**

**The following is a copy of our House Rules to give you an idea of the structure of our recovery residences:**

# House of Hope's Recovery Residence Rules

- You must be clean and sober at least 90 days. In the event of a relapse, we will take you to detox and hold your bed for you for up to 30 days while you get stabilized. You must have 14 days of consecutive sobriety before you can return to the residence.
- You must attend four (4) 12 step meetings a week and meet with your sponsor "in person" once a week.
- CURFEW: You must be in by 11:00 p.m. Sunday thru Thursday, and 12:00 a.m. on Friday and Saturday
- All guests must leave by 11:00pm Sunday thru Thursday, and 12:00am on Friday and Saturday. **NO OVER NIGHT GUEST.**
- Guests are **not** allowed in your rooms or on the second or third floor. **No public displays of affections.**
- You are allowed two overnights a week after 30 days and it must be planned 24 hours in advanced. All requests must be made to the House Manager prior to 6pm.
- You must attend a weekly house meeting on Sundays at 9:45pm. Any questions or concerns will be addressed at the meeting.
- No use of candles or the burning of incense allowed. No smoking or vaping is allowed inside the residence. Residents at Stevens House are not allowed to visit and vice versa.
- All chores must be completed prior to the weekly house meeting or by the end of the designated day. **(Failure to complete chore satisfactorily or on time may result with you being asked to move out.)**
- You may be tested for alcohol and/or drugs at any time
- If you decide to move, please give House of Hope 2 weeks' notice
- Verbal or physical threats are grounds for immediate expulsion
- House Manager will ensure that all rules are being upheld and report to the Landlord (House of Hope).
- All residents must be gainfully employed and financially self-sufficient.
- Residents receiving Disability Benefits must complete 20 hours of Volunteer, education or employment services a week, that must be verified, scheduled and shared at the weekly house meetings.

**The "House Rule" is: when you leave any room in the house you must leave it cleaner than it was when you entered it. Including:**

- Cleaning dishes immediately after use!
- Keeping outside smoking area clean
- Not entering others room without permission
- Keeping volume low on TV's after 11:00 p.m.
- Turning off lights and Locking doors
- Removing clothes from washer and dryer

# House of Hope Recovery Residences - Rental Application

## Applicant Information

|                  |        |           |
|------------------|--------|-----------|
| Name:            |        |           |
| Age:             |        | Phone:    |
| Current address: |        |           |
| City:            | State: | ZIP Code: |

### WHY ARE YOU SEEKING A SOBER LIVING ENVIRONMENT?

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## Employment Information – You must be employed prior to submitting your application.

|                   |              |           |
|-------------------|--------------|-----------|
| Current employer: |              |           |
| Employer address: |              |           |
| Phone:            |              | How long? |
| City:             | State:       | ZIP Code: |
| Position:         | Hourly Wage: |           |

## Please describe your current 12-Step Recovery Program (Please Print Clearly)

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## References – Two references from your 12-Step Support Community

|       |          |        |
|-------|----------|--------|
| Name: | Address: | Phone: |
|       |          |        |
|       |          |        |

I authorize the verification of the information provided on this form.

|                                |              |
|--------------------------------|--------------|
| <b>Signature of applicant:</b> | <b>Date:</b> |
|--------------------------------|--------------|

**Submit your application to the House of Hope by fax or email:**  
**Fax: 614-291-6323 • EMAIL: [rmason@hofhope.org](mailto:rmason@hofhope.org).**

