

## Application For Membership in the Lighthouse Accountability House

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Emergency: \_\_\_\_\_

Have you ever been addicted to alcohol or drugs? YES or NO  
Date of last drink: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last drug use: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you been through a rehabilitation facility or program? YES or NO  
If yes, where and when: \_\_\_\_\_

Are you employed? YES or NO Where: \_\_\_\_\_

Employer contact: \_\_\_\_\_  
If not working, when do you plan to be employed? \_\_\_\_/\_\_\_\_/\_\_\_\_ Current take home pay: \$ \_\_\_\_\_  
Next month's pay: \$ \_\_\_\_\_

Marital status: Single Married Separated Divorced

In case of emergency we should contact: \_\_\_\_\_  
Medical Doctor: \_\_\_\_\_ Insurance: YES or NO

Do you take prescriptions drugs? YES or NO

What local church do you regularly attend? \_\_\_\_\_

Pastors name: \_\_\_\_\_

What time do they meet? \_\_\_\_\_ Address of the Church: \_\_\_\_\_

Change anticipated? YES or NO

What weekly Bible Study/Care Group do you attend? \_\_\_\_\_

Leader: \_\_\_\_\_ Time: \_\_\_\_\_

Who is your mentor? \_\_\_\_\_

How often do you meet? \_\_\_\_\_ (2X's per month min)

Mentor's Phone #'s: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Mentor Change expected: YES or NO

Parole Officer: \_\_\_\_\_

Phone number: \_\_\_\_\_

**I have read the items above my signature on this application and understand that if accepted in the Lighthouse Accountability House, I agree to the terms in all items including the waiver of any landlord-tenant rights I might have with respect to residency in the Lighthouse Accountability House. I understand that I fully subject myself to the rules of the house. Deposits will not be refunded if an individual is required to leave. Deposits will not be refunded if applicant does not stay and or pay for a minimum of 3 months. If leaving is voluntary and two weeks notice is given at a weekly meeting, the security/sobriety deposit is usually repaid within two weeks or after the house phone bill comes due and appropriate deductions are made for any long distance calls.**

***The nature of the Lighthouse Accountability House requires expulsion, without notice of refund of deposit, of any member who is found by majority vote of the house membership to be using either alcohol or drugs, or is involved in any criminal activity. Drug or alcohol use, disruptive behavior, or non-payment of fees, can lead to immediate eviction.***

**Along with this application, you must enclose a letter stating your reason for requesting admittance to the house and a plan for personal growth.**

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Signature of ATLAS Representative \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Signature of mentor \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Pastor \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only:

Approved at meeting \_\_\_\_/\_\_\_\_/\_\_\_\_

Attested by: \_\_\_\_\_

Move in date: \_\_\_\_/\_\_\_\_/\_\_\_\_