

**The Sweet Magnolia**  
**Freedom House Safe and Sober Living**

Application for Housing

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

**Personal Information:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children, if any: List names and ages

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Mailing Address: \_\_\_\_\_

Current Phone Number(s): \_\_\_\_\_

Current Email Address: \_\_\_\_\_

Current Employer, if any: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

**Note** - No controlled substances are allowed, and only medications allowed by Drug Court are approved for Sweet Magnolia.

Current Doctor or Medical Provider, if any: \_\_\_\_\_

Current Diagnosis (such as Diabetes) affecting your day to day living: \_\_\_\_\_

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Current Prescription Medications: \_\_\_\_\_

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List any allergies you may have: \_\_\_\_\_

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**Addictions:**

Please list substances of addiction and most recent date(s) of use:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Detox symptoms, if any: \_\_\_\_\_

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**Legal Information:**

Next Scheduled Court Date: \_\_\_\_\_

Misdemeanor Charges/Explanation: \_\_\_\_\_

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Felony Charges/Explanation: \_\_\_\_\_

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Federal Crime/Explanation: \_\_\_\_\_

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Sex Crime/Explanation: \_\_\_\_\_

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Probation or Parole Officer(s) and phone number(s): \_\_\_\_\_

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**Current Emotional and Spiritual Condition:**

Please share your feelings concerning Safe and Sober Living at The Sweet Magnolia: \_\_\_\_\_

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Are you ready to embrace freedom from the chains of addiction? \_\_\_\_\_

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Are you open spiritually to the healing power of God through Jesus Christ? \_\_\_\_\_

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**Expectations and Acknowledgement of Understanding:**

I have completed this application to the best of my ability and answered all questions honestly. I have read all of the materials provided and understand that by signing below, I am agreeing to follow all of The Sweet Magnolia Safe and Sober Living Rules and Policies. When I am accepted, I agree to hold Freedom House, Sweet Magnolia Safe and Sober Living, owners, and service providers harmless from liability, claims, demands or actions or causes of actions whatsoever arising out of any damage, loss or injury to me or my property while I am staying at The Sweet Magnolia Safe and Sober Living House.

**Signature:** \_\_\_\_\_

Printed name: \_\_\_\_\_

Thank you for applying to The Sweet Magnolia Safe and Sober Living. After review, you will be contacted for an interview with our Staff and/or Board of Directors.

**Rent:**

Rent is \$400 per month. First month's payment is expected at move-in. Exceptions may be approved by the executive director at a rate of \$125 per week until employment is obtained.