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**P & P Recovery Houses**

**P.O. Box 4084, Virginia Beach, VA 23454**

**Ph. 757-752-2070 ceo@pprecovery.org**

**Application for Residency**

**Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_**

Current/Former address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOB\_\_\_\_\_\_\_\_\_\_\_ SSN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Highest Grade \_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver’s License State/or State ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employer/Source of income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly/Monthly income $\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long employed\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ any other skills\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History of alcohol/drug abuse yes/no\_\_\_\_\_\_\_ past treatment yes/no\_\_\_\_\_\_\_**

Emergency Contact Person/Address/Phone number:

**Prescription medications**:

I authorize Clay Property Management and Consulting, LLC and P & P Recovery Houses to perform a criminal background check by using the above identification information for the sole purpose of screening for housing. This executed application also gives my permission to coordinate with Federal, State, Local agencies, non-profits, social service agencies to assist in securing housing for me. I further authorize a urinalysis and drug screening. This authorization will remain in effect from the date of this signature until residency is terminated in the premises. I fully understand that if I violate the House Rules or Lease that I will have a limited time (30 minutes) to vacate the premises and will do so when directed by management.

**Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_