



1925 E. Livingston Ave
 Columbus, OH 43209
 Phone: (614) 826-5879

RENTAL APPLICATION

Name	
SS#	DL#
Birthdate	
Phone: Cell	Work
Email	

Legal Information

Are you on Probation or Parole? Y N Legal Charge: _____

Do you have Outstanding Warrants? Y N

Have you ever been convicted of any violent or sexual crimes? Y N

Addiction History

Current recovery date _____ Drug(s) of Choice _____

Have you ever relapsed? Y N # of times _____ Age you began using? _____



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Referral Information

Have you been in treatment? Y N How many times have you been to treatment _____

Last Treatment Center Name _____

Case Manager's Name _____

Who referred you to us? _____

Employment Information

Current Employer _____

Phone _____ Income _____

Recovery Information

How many AA/NA meetings do you normally attend per week? _____

We require at least 4 meetings per week with documentation required.

Do you have a sponsor? Y N

We require residents have a sponsor or attain one within 3 weeks of beginning of residency.

Is there a person we can discuss your recovery with? _____

Please state your goals if accepted into a Jacob's House sober living home: _____



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Medication

Please list any medications you are taking: _____

We do not allow the medication of Suboxone.

Needs

Please list needs you may have. Some examples are clothes, food stamps, transportation, medical, dental and optical.

Applicant Signature _____

Date: _____
