APPLICATION

Applications can be mailed or emailed to above. Once you receive "Letter of Acceptance" and would like to reserve a bed, please mail first month's guest fee of \$650 at least 10 business days prior to move-in. You can also make payments in person at our office between 8:00am and 4:00pm (M-F). Money orders should be made payable to TLC. No checks will be accepted. (**All payments are non-refundable**).

	Topper:Termer:	
Today's Date:		
IDOC or LE #		
Name:		
Gender:	Male Female	(Circle One)
Address:		
City / State / Zip:		
Phone Number:		Email:
Email:		Age:
Emerg <mark>ency</mark> Contact:		Phone Number:
Preferred City of Housing:	Eagle Nampa Caldwell	(Circle One)
Have you previously resided at Rising Sun?	Yes No	(Circle One)
Are you an alcoholic/addict?	Yes No	(Circle One)
Drug(s) of Choice:		
Date of Last Use:		
Date Housing Needed:		
	If left blank application will no arrival and/or release.	ot be processed. Please give a real date of expected
How will your first month be paid?	IDOC Private	(Circle One)
Have you been convicted of a misdemeanor or felony?	Yes No	(Circle One)



The Saenz House Office: 208-860-6981

Were you under the influence of drugs/alcohol when crime was committed?

Yes | No (Circle One)

List all charges: Also: Plea	se explain in detail any vio	olent charges:	
Name of Case Manager:			
Will you be on probation or parole while in housing?	Yes No	(Circle One)	
Name of Idaho County you will be reporting to:			
Probation/Parole Officer Name, if known:			
Do you have any special accommodations? If so, please explain:			
rea <mark>d all materials pro</mark> vided to Saenz House rules and polic application. When I am acce	o me and understand that cies. A copy of the House epted to The Saenz House cers, property owners, inc	bility and answered all questions het by signing below, I am agreeing Rules has been provided to me are, and take residency, I agree to hedependent service contractors, and	to follow all of The s part of this old harmless The
parties a <mark>nd/or</mark> their represen at The Saenz <mark>House</mark> Sober I	itatives as it <mark>relates to the</mark> Living. I understa <mark>nd</mark> an <mark>d</mark> a	as needed with any and all gover application process and housing gree that all payments to The Sae ons for people with disabilities will	status while living nz House Sober
I have read both statements	above, understand its co	ntents, and voluntarily agree to its	s terms.
Printed Name:		Signature:	
Date:			



Office: 208-860-6981

Thank you for choosing The Saenz House as your housing provider. If you have any questions, feel free to contact us at 208-860-6981 or write to us. A response letter will be sent within 48 hours of receipt and will provide instructions for "Move in Day." **We look forward to meeting you soon!**





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