

## APPLICATION FOR HOUSE MEMBERSHIP

Mail to: MSHC, P.O. Box 2230, Manomet, MA 02345-2230 or FAX to: (508) 224-1679

I hereby apply for membership in the Oxford House named below and I provide the following information for use by house members and the Massachusetts Sober Housing Corporation in determining my eligibility and appropriateness for membership. **Answer all questions that apply. Type or print all information. Use additional sheet if necessary.**

Name of house: Oxford House - Laval Street

Name: \_\_\_\_\_  
(last) (first) (middle)

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female Social Security No. \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Are you currently homeless/without a permanent place to live?  Yes  No

Current Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell/Page \_\_\_\_\_

Are you a recovering:  alcoholic  drug addict? Your sobriety date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have been in substance abuse treatment, either in-patient or out-patient within the last three years, give the name of each program (i.e. detox, treatment center, halfway house), the dates you attended, and the reason for leaving.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently in a self-help recovery program, i.e. AA, NA?  Yes  No If "yes," state:

Name of program(s): \_\_\_\_\_ How many meetings do you attend per week? \_\_\_\_\_

Name, meeting day/night, and location of home group: \_\_\_\_\_

Do you have a sponsor?  Yes  No If "no," why not? \_\_\_\_\_

What is your current source of income?  Employment  Disability Payments of \$ \_\_\_\_\_ per month

Other (explain) \_\_\_\_\_

Employer's name/address/phone: \_\_\_\_\_

Job Description: \_\_\_\_\_ Weekly net income: \$ \_\_\_\_\_ How long there? \_\_\_\_\_

List sources and amounts of other weekly income: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(over)

