

Cornerstone Transitional Living, LLC

APPLICATION FOR RESIDENCY

Cornerstone Transitional Living provides a structured, sober, and supportive environment for individuals committed to personal growth, responsibility, and stability. Please answer all questions honestly. Completion of this form does not guarantee acceptance. All applicants will be interviewed before final approval.

Personal Information

1. Full Name (First Middle Last): _____ Sex: ☐ Male ☐ Female

2. Date of Birth (MM/DD/YYYY): _____

3. Phone Number: _____ Email: _____

4. Current Address: _____

City: _____ State: _____ Zip: _____

5. Emergency Contact Name: _____ Relationship: _____

Phone: _____ Email: _____

Recovery and Treatment Information

6. Are you currently sober? ☐ Yes ☐ No

7. Date of last alcohol or drug use: _____

List the drugs you have used addictively: _____

8. Do you currently attend AA, NA, Celebrate Recovery, or similar meetings? ☐ Yes ☐ No

If yes, how many meetings per week? _____

9. Have you ever received treatment for your addiction? ☐ Yes ☐ No

If yes, list name(s) and date(s): _____

10. Have you ever lived in a sober living facility before? ☐ Yes ☐ No

If yes, list name(s) and date(s): _____

Why did you leave? (check one): ☐ Relapse ☐ Voluntarily ☐ Other _____



I (did / did not) owe money when I left.

11. Do you take any prescription medications? ☐ Yes ☐ No

If yes, list medication(s) and reason: _____

Are you prescribed marijuana? ☐ Yes ☐ No Mode of delivery: ☐ Inhaled ☐ Eaten ☐ Other

Employment and Financial Information

12. Are you currently employed? ☐ Yes ☐ No

Employer: _____ Position: _____

If "no", what are your plans to get a job?: _____

13. Do you receive any benefits or assistance (e.g., SSI, SNAP, VA)? ☐ Yes ☐ No

If yes, please specify: _____

14. Monthly income (approximate): \$_____

15. Do you have any outstanding debts or financial obligations? ☐ Yes ☐ No

If yes, please explain: _____

Criminal History

16. Have you been convicted of any crimes? ☐ Yes ☐ No

If yes, list below and indicate if you were using drugs when each crime occurred:

17. Have you ever been convicted of any of the following?

a) Sexual crimes? ☐ Yes ☐ No When? _____

b) Arson? ☐ Yes ☐ No When? _____



c) Violent crimes? ☐ Yes ☐ No When? _____

18. Have you ever been affiliated with any gangs? ☐ Yes ☐ No Which? _____

Are you still actively a member of any gang? ☐ Yes ☐ No Which? _____

Residency and Personal Goals

19. When would you like to move in? _____

20. Why are you seeking residency at Cornerstone Transitional Living?

21. What are your short-term goals (next 3 months)?

22. What are your long-term goals (next 12 months)?

Applicant Agreement

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or incomplete information may result in denial of my application or termination of residency. If accepted and I accept membership, I agree to follow all house rules, remain drug and alcohol free, and participate in community responsibilities.

Signature: _____ Date: _____

Printed Name: _____

For Office Use Only

Interview Date: _____ Interviewed By: _____

Decision: ☐ Accepted ☐ Denied Move-in Date: _____

Notes: _____ Referral: _____

**Please send completed application or questions regarding a submitted application to
Applications@NewLifeAtCornerstone.com**

